Clinical Lecture

ON A CASE OF

ANEURISM OF THE FEMORAL ARTERY, WITH RUPTURE OF THE SAC.

By JAMES PAGET, F.R.S., D.C.L.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

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(Concluded from p. 523.)

THE point on which I wish chiefly to speak to you is this occurrence of rupture of the aneurismal sac after the ligature of an artery. It constitutes the chief fact in a distinct set of cases in the history of aneurisms and of ligature for curing them. It is not a very rare event. In a case in which I tied the subclavian total ruin ensued through this rupture of the aneurismal sac. All did fairly at the seat of ligature; but the sac below ulcerated or ruptured, hæmorrhage ensued, and the man died. And in records of ligature of the femoral for popliteal or for femoral aneurisms, the same thing will be found to have happened not very rarely—rupture of the sac, often at a long period after ligature of the artery.

First, what would be the signs of this rupture of the sac having occurred? Generally, a subcutaneous rupture of the sac of an aneurism is told by diminished pulsation at the sac, and a sudden outrush of blood from it; so that there is a rapid increase of the swelling and great pain, and not unfrequently great swelling of the whole limb, the blood infiltrating through all the adjacent soft textures, just as it might after rupture of an artery by external violence. These are the typical cases of rupture of an aneurismal sac. But there are many cases which fall short of this wide rupture, and in which, by a sort of leakage—for I know no better word to use,—a little blood is shed now and then in the tissues in the neighbourhood of the aneurismal sac. In these cases you have to judge of the occurrence of rupture by the fact that the swelling increases, though slowly, yet more rapidly than it would by the mere dilatation of the sac; and increases, commonly, without any accession of great pain, and usually takes the shape of the parts about the sac, rather than maintain the shape of the sac itself. Instead of continuing globular, or oval, or lobed, after the fashion of aneurisms or aneurismal dilatations of arteries, the sac and the blood exuding from it take the shape of the adjacent part of the limb, becoming flattened under fasciæ, or rounded in adaptation to this or that muscle. In any such case you may suspect this slight rupture and leaking of the aneurism, especially if at the same time the pulsation that may have been felt at the sac becomes less. All these signs you may remember were observed in the patient on whom I tied the external iliac artery two months ago. In the clinical lecture on his case, I pointed out how the diagnosis of aneurism was in him obscured by changes which were, probably, consequent on the effusion of some blood into the textures round the sac. And the manner of his recovery from the operation agreed with the supposition; for the swelling only very slowly diminished after the ligature.

But you may ask, Why should this rupture of the sac take place after the ligature of the artery? There are two chief reasons, both of which were involved in this case: first, the increasing degeneracy of the walls of the sac, consequent on the ligature of the artery; and then the proximity of pus to the sac.

First, this increased degeneracy of the walls of the sac. When the main artery of a limb is tied, and the circulation suddenly arrested, there is a sudden diminution in the nutrition of the whole limb, and, among the parts of the limb, in the walls of the aneurismal sac. Now, this sudden diminution in the nutrition of a limb consequent on the ligature of an artery is of no great moment in healthy persons, in the young, and in those in whom all the tissues of the limb are sound. But it is of very great importance in opposite conditions to these. In the best cases you will see us take care that no ill consequences ensue from this arrest of nutrition; and the limb is kept warm and at rest, and carefully covered to prevent anything like accident aggravating its defective nutrition. But in the old, and in those whose limbs are inflamed or œdematous, it is by no means rare to find that the ligature of a wounded artery is followed by more or less gangrene of the limb. It is no very rare accident, after secondary hæmorrhage and the ligature of the main artery, that the limb below, being the seat of inflammation or œdema, and already very defective in its nutrition, suffers gangrene—dies. That which in such a case occurs in an extreme degree, occurs in a less degree in every case in which the main artery of a limb is tied. There is for a time a defective nutrition of every part which that artery supplies. In parts that are very delicately nourished, if I may use such an expression, such as the brain, this defective nutrition is much more important than in the limbs. The ligature of the carotid artery for aneurism of its upper part is fatal more often, I suppose, from what is called yellow softening of the corresponding substance of the brain than through any other consequences. This softening of the substance of the brain is, in fact, a gangrene of that part of the brain. The nutrition of the brain must be accomplished by singularly delicately adjusted systems and pressures of blood, and those failing by the ligature of the carotid artery, the brain decays or suffers gangrene, much more readily than any of the coarser textures of a limb would. Now, the sac of an aneurism is doubtless a part ill-nourished; for aneurisms do not form in healthy arteries. They may form, it is true, after wounds of arteries; but independently of wounds, the existence of an aneurism shows for certain that the part of the artery at which it formed was either diseased or degenerated. An aneurismal sac, therefore, is always a part in which there is risk in cutting off the supply of blood on which it depended. This, doubtless, is one reason why it is not rare for an aneurismal sac to fail altogether of its nutrition, to rupture, or to inflame and ulcerate, after ligature of its main artery.

I suppose I may add, though I have no facts to prove it, that this is more likely to happen in the case of those aneurisms which are thickly lined with clots of blood; for when an aneurism is merely a dilatation of an artery, and has good arterial blood in contact with all its internal surface, it may nourish itself from that arterial blood. The arteries in a state of health are doubtless nourished in their internal layers by the blood that traverses them, not by the blood that is given to them by their *vasa vasorum*. So with an aneurismal sac. If it is filled with good sound arterial blood, it may nourish itself from that; but if, next to the lining of the aneurismal sac, there be layer upon layer of old clot of blood, this can yield it no materials for its nutrition. Therefore, I apprehend, sacs that contain many clots are more likely to rupture after the ligature of the arteries than sacs which are mere dilatations of arteries. So also it would follow that the rupture of a sac after ligature of the artery may be more likely to ensue while it is in process of cure than immediately after the obstruction of its blood by the ligature; because, in process of cure, clot forms within the aneurismal sac, and its walls are shut off from that supply of arterial blood in its cavity which would have tended to keep up their nourishment.

In this case there was another risk of this rupture of the aneurismal sac; the risk at which I hinted when I said that I believed that the accumulation of inflammatory products at the bottom of the wound, because of the closure of its orifice, was the beginning of all the mischief. I have said that in the progress of this case we observed from time to time that pressure deep about the wound brought welling-up of pus, and that we might therefore conclude that the bottom of the wound was less closed than its more external parts, and was, in fact, in the position of an abscess, open, but accumulating pus, which was discharged with difficulty. There was, therefore, what was equivalent to an abscess lying close by the aneurismal sac. Remember that this aneurismal sac extended for half an inch, or somewhat more, above the crural arch. The artery was tied somewhere in the middle part of its course, and the wound made for the ligature of the artery had extended therefore within half an inch of the uppermost part of the aneurismal sac. Then, when the deeper part of the wound suppurated, the pus

must have been lying within half an inch, or probably within a quarter of an inch, of the walls of the aneurismal sac.

It was a famous observation of Mr. Syme's, that there is very little risk of an artery opening into an abscess so long as the abscess is closed, but that when an abscess has been opened then comes the risk that an artery adjacent to the abscess may open into it. Mr. Syme laid down that rule, and it is one of first-rate importance in the management of abscesses near arteries. There is little or no risk of an artery opening into an abscess so long as the abscess, however near to the artery, is not open; but when an abscess has been opened, and is still discharging pus, and I suppose I may add, that when the discharge of pus is not very free, there comes the risk that the artery will open into the abscess. This is not peculiar to arteries. There is little risk of a urethra opening into an abscess so long as the abscess is not open; but when an abscess bursts into the perineum and is discharging, then, after a few days, it is very common for the urethra to open into the abscess. Again, it is not, on the whole, a very rare thing for a rectum to ulcerate, and open into an abscess near its walls while the abscess is still closed; but it is much more common, after the abscess has been laid open, and is discharging, for the rectum to open into it, and for a fistula, which is incomplete, by this process to become complete.

There is a striking specimen in the museum which illustrates the tendency of arteries to open into abscesses which are discharging. There was a lad under medical treatment for deep-seated scrofulous abscesses in the neck, and the abscesses were so nearly healed that the lad was leaving the hospital; but one day there came a profuse hæmorrhage from one of his abscesses, and he died. That hæmorrhage was from the arch of the aorta, in contact with which these abscesses had lain suppurating for several days, it may be weeks, and at last, when the discharge from the abscess had nearly ceased, but some pus remained, as it were, in a well near the aorta, the aorta ulcerated, and the lad died through hæmorrhage into his abscess. Another case that I saw bears upon the point how, not arteries alone, but even veins have the same tendency. A child had scarlet fever, which was followed by a large abscess in the cervical glands. No harm happened till a day or two after one of these abscesses was opened, and then there came a great hæmorrhage. I was called to the case, and I found that the hæmorrhage proceeded from the internal jugular vein, which seemed to be in no risk of ulcerating into the abscess while the abscess was closed, but ulcerated into it in a few days after the abscess had been opened.

Reverting, then, to this case of iliac aneurism: the aneurismal sac was in the position of an artery close by an abscess—an abscess which was not freely discharging through the external wound. There happened to this aneurismal sac what might have happened to a healthy artery, but what was very much more likely to happen to the aneurismal sac than to the artery: it ulcerated into the open suppurating cavity. The chance of such an event may be used for enforcing the rule, that when an artery is to be tied in the ordinary way for aneurism, the ligature should be put as far from the sac as is consistent with other conditions of safety. But leaving this, let me observe again upon that manner of occasional blood-staining of the pus. I told you what it always portends—a risk of larger hæmorrhage. The larger hæmorrhage came, and again and again. This is not peculiar to aneurisms that are ulcerating into the cavity of abscesses, or into open wounds. Whenever an aneurism ulcerates or bursts upon a soft mucous or granulating surface, it is likely to bleed repeatedly before it bleeds very largely. So, for example, in cases of aneurism of the aorta, when it bursts into the trachea there is, often, not one great rush of blood and death, but the patient observes that he is subject to slight attacks of hæmoptysis, and bleeds now and then. Every three or four days, it may be, there is a little flow of blood; and at last there may come a great rush. So with aneurisms that open into the stomach or the intestinal canal: the final hæmorrhage is very often preceded by hæmorrhages of much smaller amount. It seems as if the soft, elastic, and yielding parts of mucous membranes or granulations would let a little blood through and then collapse; or the small orifice heals for a few days, and then again gives way, until at last we get a final fatal hæmorrhage.

Those, I think, are the main points which this case will serve to illustrate. On a survey of the whole case, it may seem to some of you to justify the treatment of aneurism by pressure rather than by the ligature of arteries. Doubtless, such a case as this would be counted to the discredit of ligature, and to the glory of pressure, as a means of treating aneurisms. As between those who practise these two methods, I can as yet hold only a suspended, undecided judgment; but with the belief that, with further study, what we shall arrive at will be the power of assigning the right cases for each mode of treatment. As yet, I believe, we are not in a position to say that either mode of treatment should be adopted to the exclusion of the other. The arguments for pressure are very often strengthened, as its advocates suppose, by the adducing of certain accidentally fortunate cases; in which, for example, after the compression of an artery for a few hours, an aneurism of considerable size has been cured. But I am nearly certain that what is told to the credit of pressure in these happy cases might be balanced by an account to its discredit of the number of corresponding unhappy cases in which the pressure, failing of its result, has put the patient into a worse condition for the ligature than he would have been in if no pressure had been used. My own experience of pressure, as a means of treating aneurisms, has had some good results; but they were all tedious and troublesome cases, requiring very long-continued and painful pressure before the cure was perfected. There was one case among them, however, of very good success—a case of aneurism of the carotid artery, in a gentleman past sixty, who, I think, would certainly have died after ligature, but in whom digital pressure maintained for some few days completed the cure of the aneurism; a cure complete to this time, after an interval of nearly two years from the employment of the pressure. But the cases of success that I have had are, in my own mind, balanced by the cases in which I have found myself hindered in the subsequent ligature by the failure of the pressure. I suppose I may say that this is the general feeling which my colleagues have; for in three cases which have been under observation, as you will have seen, in our Thursday consultations, a large majority of the voices has been for ligature rather than for pressure.

Taking large numbers of cases of aneurisms together, they are very nearly balanced, on the one side for pressure, and on the other for ligature. In favour of pressure there is the experience of the surgeons in Dublin. They seem to have a much larger number of aneurisms, especially of aneurisms of the popliteal artery, to treat than we have in England, and they have certainly a large amount of success. I have no doubt this is in part due to a well-arranged system, and to the house-surgeons and dressers acquiring a more special skill than we have yet achieved. On the other hand there is the remarkable success attained by surgeons who have constantly practised, with great skill, the ligature. The success of Mr. Syme in the ligature of the femoral artery for popliteal aneurism has been so great that anyone who might fairly expect to attain nearly the same measure of skill would undoubtedly follow the ligature rather than the pressure. I would prefer, however, to leave the subject open for your own observation, and say, endeavour to ascertain, as far as you may be able, which are the cases for the ligature and which are those in which pressure is more likely to lead to a good result. And in many cases in respect of which you are doubtful, pressure may be tried first and the ligature afterwards.

Once more: this case may be counted as one of those which will go to the credit of Mr. Syme's method of treating aneurisms; and to the rule that, in cases which do not plainly admit of ligature at a distance from the aneurism, a good course of proceeding is to lay the aneurismal sac widely open, and to tie the artery above and below it. This is, in fact, the proceeding to which I was obliged to resort at last,—laying open the aneurismal sac and tying the artery below it, the artery above it having been already secured. I do not doubt that, as we go on observing cases, this method of treatment will be found more and more widely applicable. There is nothing against it, speaking generally, except the fact that you may have to face a large amount of bleeding, which must be very quickly restrained; but the invention of the abdominal tourniquet by Mr. Lister has very greatly diminished the risk which would ensue of hæmorrhage from any artery of the lower extremity. With

the aid of this instrument, there is no doubt that very large aneurisms of the arteries of the lower extremity may be fairly laid open, and the points of bleeding may be distinctly seen and separately secured. This is the manner of proceeding which should be adopted in nearly all cases of ruptured arteries,—just as it is the method of proceeding for wounded arteries. I believe that at present it is well to make an exception in the case of ruptured aneurisms of the popliteal artery. The difficulty of getting at the popliteal artery, and more especially the difficulty of securing its lower end, if the aneurism has extended low down, near to the point of division of the popliteal artery, are so considerable that you might be foiled in that part of the operation. Therefore, for most cases of ruptured popliteal aneurism, it would be advisable either to tie the common femoral or to amputate.

ON TORPOR OF THE COLON AS A COMPLICATION IN DYSPEPSIA.

BY JOHN C. THOROWGOOD, M.D. LOND.,
SENIOR ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK.

IT is not long since a very able and interesting paper appeared in THE LANCET, from the pen of Dr. Julius Pollock, on Nervous Dyspepsia and its Treatment. The object of the present communication is to offer a few remarks on the nature and treatment of that inactive and torpid condition of the large intestine which is so often met with as a very troublesome aggravation and complication in cases of atonic and nervous dyspepsia.

Intestinal torpor, with constipation of the bowels, distension and hardness of the abdomen, gripy pains, and rolling about of flatus, with tendency to the formation of piles, in consequence of the obstructed portal circulation and abdominal plethora, are symptoms common enough in the dyspepsia of nervous and overworked persons. Atony of the colon is common, too, in the instances of those whose digestive organs are in an enfeebled state from advanced age.

The close sympathy existing between the digestive organs and the nervous system is markedly illustrated in these cases,—especially when the colon has been irritated and exhausted by too frequent purgation; then it is that the patient becomes the prey of most abject hypochondriasis; he persists in physicking first with one drug and then another; and very often the more physic he takes the worse his case becomes.

It is not my purpose here to enter minutely on the subject of the sympathy of the bowels and the brain: that such sympathy exists is a fact well known to all; and it appears to be most highly brought out when the large intestine is the part of the canal chiefly affected.

It was noticed by Esquirol, and by others after him, that in numerous cases of melancholy monomania which were examined after death, the colon, instead of passing across the abdomen, as in health, descended perpendicularly behind the pubes. Those who have suffered from chronic dysentery and ulceration of the colon, or from gradually-forming stricture of the gut, are known to have been much afflicted by melancholia, though not necessarily to an insane degree.

The tendency of large accumulations in the colon to cause jaundice, with all its concomitant depression, is a point to be noticed again shortly.

In atonic dyspepsia, a constant complaint of the patient is that he has to be always taking aperients in some form or other; and experience soon teaches that the more of these he takes the more he wants; while the exhaustion of system, induced by a too free evacuation of the bowels, aggravates the dyspepsia, and causes us to lose any little ground we may have gained towards the cure of our patient's malady.

In treating the dyspepsia of those who work hard with their brains, and have but little tone about the stomach and bowels, I am convinced that the more we can refrain from administering purgatives the better. I used at one time to think that when the tongue was coated a purgative could not be amiss; but to whatever degree this rule may still hold among strong country people, or over-fed indolent townsfolk, it certainly does not do to act upon it always among those who work hard and eat moderately. In these cases a chalybeate mixture, or bark with an acid, I have observed to clean a tongue which got persistently worse while I obstinately adhered to alkalies and aperients. Had I done in these cases what ought always to be done before prescribing for a case of confirmed dyspepsia—that is, laid the patient down, and felt and percussed his abdomen, I might have seen my way more speedily to the administration of tonics.

By carefully percussing and palpating the abdomen we can ascertain whether the colon be distended by fæcal accumulation or with gas; we may find it also rather tender, and we learn that the "pain in the stomach" which has long troubled the patient, and resisted a variety of medicines, is not in his stomach at all, but in his large bowel, and is probably caused by irritation of scybala there. To such irritation may sometimes, in old persons more especially, be attributed occasional attacks of bleeding from the rectum, which are apt to be at once set down as due to internal piles.

If the examination of the dyspeptic's abdomen discloses obvious collection of matters in his colon, these must be got rid of before we can hope to get the stomach and liver into good secreting order. I believe in most instances the best way to go to work to evacuate the contents of the bowel is by the administration of castor oil, in doses of one tablespoonful taken in peppermint water, with or without the addition of some of the compound tincture of rhubarb and compound tincture of lavender to disguise the nauseous taste of the oil. This dose, repeated first thing on one or two successive mornings, will gradually clear out the bowels without causing undue pain or exhaustion. If pain be much complained of, a pill containing a quarter of a grain of extract of belladonna may be given at night; for, independently of its anodyne powers, belladonna will act often as an efficacious aperient in cases of very obstinate constipation. If the patient, however, be pale, weak, and wakeful during the night, then a quarter of a grain of extract of opium will be better than belladonna as a forerunner to the castor oil mixture of the morning. Avoiding anything like free purgation, we may promote the object of freeing the intestine of accumulation by giving twice daily a mixture containing half a drachm of sulphate of magnesia with one grain of sulphate of iron, or ten minims of tincture of iron, in a wineglassful of infusion of calumba or peppermint water. The persistent use of this form of saline aperient chalybeate greatly relieves venous congestion and plethora about the stomach and duodenum, promotes secretion generally throughout the intestinal canal, and so exercises what is known as a deobstruent effect. In such a mixture we try to imitate the well-known saline chalybeate waters met with at Harrogate, Kissingen, and other places—remedial agents of no ordinary power in the treatment of hypochondriasis and dyspepsia.

As soon as the abdomen loses its hardness and tension, and becomes soft, supple, and free from tenderness, we may consider that a great step is gained. The castor oil need no longer be administered, and the opium probably will before this have been withdrawn, for withdrawn it must be as soon as possible. The saline chalybeate may be continued; and, though it contains "salts" as an important ingredient, it is quite adverse to my own experience that it should be at all weakening. The addition of from five to ten minims of dilute sulphuric acid is an improvement, where the tongue is large, pale, and indented by the teeth at the edges.

It sometimes happens that, as the circulation, which has been long impeded and irregular, becomes more free and active, the patient, previously very prone to heavy, unwholesome sleep, will complain of restlessness at night, and will ask for an opiate. It is rarely beneficial for him to have one, and he must for a time bear his sleeplessness, as probably it will soon give place to healthy rest when the circulation through the brain and system has become more settled. Recently, in the case of a man who may now be said to be cured of dyspepsia, constipation, and troublesome piles by such treatment as that above indicated, I have found a pill of oxide of zinc and extract of hyoscyamus to suit well at night. I think it was the late Dr. Brinton who

remarked that zinc and iron were two tonics that went well together, and my own experience has in several instances proved this to me, for I have long been in the habit of prescribing the saline chalybeate during the day and the zinc pill at night with the very best effect in restoring the tone and contractile power of the large intestine, so that the patients have believed that they have been taking at bedtime a mild aperient pill.

(To be concluded.)

MEDICINE, DISEASE, AND DEATH.

BY CHARLES ELAM, M.D.

THE Registrar-General has recently issued a Report, comparing the deaths in London during the year 1868 with those of the twelve previous years, as to numbers and cause; giving thereby a valuable contribution to the natural history of disease, in the metropolis at least.

It appears to me that a similar investigation, extending over a much longer period, and applying to the whole of England, would be both important and interesting to the profession, and would tend, in some measure, to define our relations, in a curative aspect, to disease, showing whether we are advancing, standing still, or retrograding in the practice of our art.

That the sciences tributary to medicine have been wonderfully developed during the last thirty years is doubted by none. Strange and unexpected as have been the discoveries in general science, they are scarcely greater than those which have revolutionised, and almost re-created medicine. But it has been suspected, and is indeed generally granted, that the therapeutic art has not advanced *pari passu* with our abstract knowledge. The question I would propound, and endeavour to some extent to answer, is as to whether this art has, with regard to the general mass of disease, advanced at all; or whether our weapons of attack and defence are not, as at present wielded, *more powerless* against disease than they were thirty years ago.

It is impossible, in a few words, to give even a brief summary of the advances made in the *science* of *our* profession—that part of it which consists in *knowing*—during the period referred to. Our Pharmacopœia has been perfected, and enriched by the addition of many most valuable agents; and our Nomenclature of Diseases is perhaps as perfect as professional acumen and scholarship can make it. We have a name and (apparently) a remedy, or at least a palliative, for every disease. It cannot be questioned, also, that the natural history of disease is better understood now, and that some individual affections are more amenable to treatment, than formerly. Physiology and pathology have experienced a mighty impulse from the general reception of the doctrine of cell-development; and by this truly grand generalisation the principle of life has been almost compelled to confess its secret. In this branch of research, the microscope and chemistry (a science almost recast during late years) have powerfully aided. Of these matters, as applied to everyday medicine, we knew but little at the period referred to. We had never heard of the endoscope, the ophthalmoscope, the œsophagoscope, and a score of other useful aids in diagnosis, which are now in the hands of every student. We had the stethoscope, certainly; but it is scarcely too much to say that at that time the lancet was more frequently in the hand of the general practitioner than the stethoscope. Of the thermometer as a guide in investigation we knew almost nothing. To be brief, nothing can be more satisfactory than the advances we have made in the diagnosis and knowledge of the various ills to which flesh is heir.

But how far can we say of this knowledge that it is power? To know disease, to recognise it, to describe it, to trace its course, its antecedents, and its results,—all this is well; but there is something better than this—something to which this is but subsidiary,—without which all else is but a dead letter, the dryest of dry bones. Medicine is, or ought to be, primarily and essentially, the Art of Healing, whatever it may be collaterally. If it be not this, it is nothing; and in so far as it departs from this aim, so far it fails to fulfil its great mission, and tends to classify itself with the pseudo-sciences.

How far are we as a profession advancing in the fulfilment of this mission? And what, if any, are our shortcomings?

These are questions which ought to be looked fairly in the face—to be met candidly and answered honestly. I believe we have data whereon to found a true and faithful solution. And when this is furnished, if it should appear that stern facts do not accord with our theories of progress, it will become us, not to say carelessly "So much the worse for the facts," but to inquire into the causes of, and remedies for, our errors, if haply we may yet struggle again into the light.

It has generally been held that, notwithstanding many drawbacks, disease has been brought into better subjection—the public health improved, and the length of the generation increased. I will now proceed to inquire what the inexorable logic of facts teaches us on these heads, and unless I am greatly mistaken we shall find—

1. That the average death-rate is slowly but constantly increasing.

2. That men die now at an earlier average age than they did thirty years back.

3. That even those diseases which are the best understood are increasing progressively in annual mortality, unchecked by any resources of art.

1. Previous to the year 1837 we have no reliable returns of the actual number of deaths. The burial documents of previous years are acknowledged to be imperfect; and miscellaneous writers, however accurate in some respects, are liable to become *loose* in matters of figures. Thus Lord Macaulay intimates that the deaths in an average year, in the reign of Charles II., were 1 in 20 of the population of London,—an obvious inaccuracy. But for the last thirty years we have returns of the greatest accuracy, constantly issued by the Registrar-General—documents the value of which it is scarcely possible to over-rate.

From these we learn, year by year, the average of deaths in every 100 persons living; and, in the vast majority of instances, the causes of such deaths. Year by year these percentages vary: sometimes, in years of epidemics, being considerably above the general average; and then in the year after, or *the year before*, being as much below the calculated number. So that in any one or two years it cannot be pronounced with certainty that the death-rate either increases or diminishes; but, by taking groups of years, the truth may be arrived at, at least approximatively.

Now, in the 7 years from 1838 to 1844 inclusive, the average of deaths was 2·189 to each 100 persons living.

In 29 years—from 1838 to 1866—it was	2·242	ditto.
In 7 years—from 1860 to 1866—it was	2·261	ditto.
In 4 years—from 1863 to 1866—it was	2·348	ditto.

The full returns are not yet issued for the last two years; therefore they are not included here. But these figures sufficiently show a gradual increase in the death-rate.

2. It also appears that of those who die, more proportionately die in childhood and middle life, and in an *early* old age, than formerly. Taking the nearest round numbers, we find the deaths from "old age" from 1838 to 1847, vary from 33,000 to 38,000 in the year. After this the numbers fell, and never again rose higher than 29,000, the average being about 26,000; and this notwithstanding that the population had increased above 25 per cent. during the period. Perhaps a clearer evidence is obtained from the proportions of deaths to each million of living persons. To each 1,000,000 persons living in 1838, 2408 died of old age; in 1841, 2389; in 1850, 1469; in 1857, 1409; in 1866, 1361. The obvious answer to this may be, that it is but a difference of registration; that what used to be called "old age" is now otherwise classed by a better system of nomenclature. I fear this will not serve the cause. A reference to the subjoined table will show that there is an *absolute* falling-off in the number of deaths of very old persons, and a corresponding increase of mortality in the earlier periods of life. The three years, 1847, 1858, and 1860, are selected for illustration, because 1847 was the last year of a high death-rate amongst the very old, and the other two years are, notwithstanding the great increase of population, very near in absolute mortality to 1847, and therefore more easily contrasted. The results of the other years are nearly identical, but would require more elaborate demonstration. To avoid many figures I will omit the numbers of deaths between 5 years and 45, and enumerate *males* only.

	Deaths of Males in		
	1847.	1858.	1860.
Under 5 years ...	84·899	99·827	90·428
45 to 55	14·057	14·471	14·943
55 to 65	16·234	16·743	17·634
65 to 75	19·092	19·433	20·327
75 to 85	15·974	15·232	15·983
85 to 95	4·488	4·022	3·926
Above 95	·301	·230	·203

About 12 per cent. should be deducted from the two last columns, on account of the increase of population, to make a proper contrast with 1847. It would then appear clearly that the deaths occurred, on the average, at an earlier age than formerly. Note also that there were 15,000 more deaths in 1858 than in 1847.

3. The history of individual diseases, as traced in the death columns of the Registrar-General, is eminently interesting and curious. With the eruptive fevers and epidemics I will not meddle; the subject would be too complex for my present purpose. Suffice it to say, that there is no evidence of any *decrease* in their fatality. Taking the entire class of "zymotic diseases," the deaths have increased between 1850 and 1866 from 4409 to 5522 in every million persons living.

Almost all the principal sources of mortality show an increased average of fatality; but there are some which are so marvellous in their increase as almost to pass credence. Of these bronchitis claims the first place.

In the year 1838 (population 15,000,000) there were 2067 deaths registered from bronchitis; in 1847 there were, in round numbers, 16,000; in 1851, 17,000; in 1853, 22,000; in 1855, 27,000; 1858, 29,000; in 1860, 32,000; in 1864, 38,000; in 1866, 41,000. Taking the proportion of deaths to each million of living persons, they rise from 135 in 1838 to 1968 in 1866. In London alone, the deaths from this cause rose *gradually*, between 1840 and 1847, from 500 to 4333. In 1864 they were exactly double—8666!

This enormous increase in figures is *partly* due to a practice, which has been very prevalent of late years, of calling phthisis by the name of bronchitis. In registration connected with private practice there are many obvious reasons for this course, which I need not particularise. In many general hospitals there is a formal rule against the admission of cases of phthisis. The cases *are* admitted, but are called bronchitis. Hence it arises also that phthisis—always far ahead of all other causes of death, and accounting for about one-ninth of the whole number of deaths—does not show the same apparent numerical increase (although there is no decrease) in the course of years that other orders of disease do. Perhaps the same cause, with a difference, may be supposed to influence the figures of pneumonia, which has perceptibly increased in fatality, but not to the prodigious extent of bronchitis.

"Heart disease" is another instance of most rapid increase. In 1838 there were 3319 cases registered. In 1850—by gradual increase yearly—the deaths were 10,450; in 1860 they were 17,815; and in 1866 the deaths registered under this head amounted to the almost incredible number of 21,197. In the same period of time the deaths per million persons living have risen from 200 to 1000 from this cause. Difference of registration will again account for a small part of this vast increase, but only a small part. Dropsy and asthma, the diseases most likely to be transferred to "heart disease" under improved registration, show an aggregate diminution in the same periods of about 7000.

"Brain disease" has very gradually increased from 1407 cases in 1838 to 5605 in 1866; and in the same time paralysis has increased from 4975 deaths to 10,504. "Convulsions" show no marked increase. The fatality of rheumatism has risen from 103 to 115 per million, between 1850 and 1866. Diabetes shows an increase from 24 to 32, and "kidney disease" from 87 to 133, in the same time.

Surgery seems to have been no more successful in averting death than Medicine, so far as we can judge. "Joint disease" carried off 52 per million twenty years ago, and 82 per million between 1863-66, each year. "Cancer" shows an increase between 1850 and 1866 from 280 to 395 per million. "Fractures and contusions" increased in fatality from 5000 in 1858 to 6000 in 1866.

All these figures suggest some very grave and serious considerations. If statistics be of any value, then we are compelled to adopt one or other of the following conclusions: Either disease in the aggregate has vastly increased—of which we have no evidence whatever,—or the power of medicine in arresting it has materially diminished. In other words, our treatment is less efficient than it was thirty years ago, notwithstanding the vast increase of our absolute knowledge. And this must be true to even a greater extent than appears from the foregoing calculations, for it must be borne in mind that mortality from certain sources has undoubtedly been arrested to a great extent. All our sanitary regulations must have had great influence in lowering what would otherwise have been the fatality of zymotic disease; and it is a mere matter of fact that compulsory vaccination has diminished the deaths from small-pox. Other instances might be adduced, each one tending to show, that in proportion as there has been an improvement in certain isolated particulars, so far have we *retrograded in our control over disease in general*. I will endeavour in a future article to trace some of the causes which appear to have effected this result.

Harley-street, March, 1869.

ON

AN ADAPTATION OF THE REFLECTING MIRROR TO THE UTERINE SPECULUM.

BY LEONARD W. SEDGWICK, M.D.

To see better is so frequently to know more that I do not hesitate to submit to the consideration of the profession an adaptation of the reflecting mirror to the uterine speculum, which for some time back I have found most useful.

The mirror is three inches and a half in diameter, and is of five inches' focal length. Like the laryngoscope mirror, t is mounted in a light metallic back, and to its circumference a brass arm is attached by a ball-and-socket joint, which is easily tightened or slackened by a screw movement. The arm can be lengthened or shortened by a simple telescopic slide; it is bent at a somewhat obtuse angle close to the joint, and is, when closed, four inches long. At its other extremity the arm is also bent at an angle, and is square; it fits into either side of a short socket attached to the upper surface of the outer end of the speculum, and is speedily secured there by a turn or two of a screw-cap.

By this means the mirror has a firm, easily fixed attachment to the speculum; and by the aid of the ball-and-socket joint and the telescopic movement it can be placed at any angle in relation to the axis of the speculum, and at such a distance from it as may be most convenient, or may afford the best illumination.

The mirror may, of course, be adapted to any speculum. It has been made for me, with their usual success, by Messrs. Weiss and Son; and I have latterly used it attached to a speculum of their construction, which, I venture to think, is the most satisfactory instrument yet made.

The form of the speculum originated, I believe, in a suggestion of Sir James Simpson. The lower blade is of the duck-bill shape; the upper is flat, and fits on to the lower in such a manner that a small interval is left between the two, so that in closing the instrument for withdrawal no pinching of the vaginal mucous membrane can occur. The upper blade is shorter than the lower one, so that when the speculum is opened the cervix is easily received into it. The duck-bill shape of the speculum secures the very easy introduction of the instrument, and also so distends the vaginal walls as to prevent their falling in and obscuring the view of the os uteri. By this configuration the wooden plug is rendered unnecessary, and lateral blades are made useless: both very desirable arrangements; for, by the consequent simplicity of construction, thorough cleansing of the instrument is facilitated, and no absorbing surfaces or tortuous chinks are left where infecting particles may lurk or be overlooked. The dilating mechanism is Messrs.

Weiss's improvement of that of Cusco. A reference to the accompanying engraving will make this description intelligible.

By the use of the mirror thus affixed, it becomes unnecessary to alter the position of the couch or bed on which the patient is lying; for, wherever the source of light may be, the mirror can be so adjusted as to reflect it upon the cervix uteri.

There are no formidable preparations to be made; for the patient may lie in the usual obstetric position on the bed wherever it may be placed.

A better illumination is obtained by daylight, inasmuch as a larger amount of light-rays are concentrated on the spot to be examined than can be obtained by direct transmission. A better illumination is also obtained when artificial light is used; for not only does the same reflection of light occur as in daylight, but the part is relatively as well as positively brighter; for, as the lamp or candle may be placed on a table at some distance away, the great disadvantage of looking over or through a bright light at a place not so bright is avoided.

The impossibility of the occurrence of such unpleasantnesses as the dropping of grease or the singeing of bedclothes is an additional recommendation.

In all cases one hand of the medical man is entirely set at liberty, and in many instances both are free. Where the speculum does not of itself retain its position, and both hands are needed, the finger of an assistant or of the patient herself serves to secure its steadiness.

If the mirror be on a lower level than the source of light—and this may always be managed—it does not interfere with the use of both eyes; and as it is always set at an angle, it is never in the way of any instrument which may be in use. One can thus accomplish with greater certainty many necessary mechanical interferences with the os uteri, because both hands are at liberty, and one has a clear and continuous view of all that is going on, especially if the instruments used are, as they may often be, trowel-handled.

I may add that this mirror may be used attached to the rectum speculum with advantage.

Gloucester-terrace, Hyde-park, April, 1869.

ON COUNTER-IRRITATION.

BY R. B. PAINTER, M.D., F.R.C.S. (Exam.)

THE old doctrine of counter-irritation has just been simultaneously attacked with such strenuousness by two able writers,* that, as a believer in the rational use of what they condemn, I wish to put in a plea in favour of a time-honoured practice. Dr. Anstie objects even to the name of "counter-irritation," and suggests that of "counter-stimulation;" but although this latter designation is most applicable in very many cases, and especially in those of neuralgia, in which even he admits blisters may do good, yet I venture to express the opinion, that in some other cases the old name may be more appropriate.

I think there can be no doubt that, in regard to counter-irritation or stimulation, as well as many other once famous remedies, it has been their abuse, rather than their proper use, which has brought them into disfavour. Take the cases of bleeding and mercury, for example, both of which are under a ban in consequence of their former reckless application. Yet who, old enough to remember their magical effect in some diseases, can doubt that the wave of fashion or opinion will one day again bring them into rational use, for theoretical as well as practical reasons?

But I am wandering from my theme. It is objected by Drs. Dickinson and Anstie that counter-irritation cannot do good, unless there is a *direct* connexion between the diseased part and the irritated part, and that if there is that connexion, a blister may do positive harm by being placed too near the inflamed part.

I quite agree that counter-irritation in the acute stage of disease, especially in children, may be most prejudicial, or if employed too near an acutely inflamed joint, pericardium, or pleura; but if applied at the proper time and place, I believe great good may be effected in several ways.

1st. In all internal inflammation and congestion, from deficient nerve-force and consequent dilatation of the capillaries, from partial palsy of vaso-motor nerves, the stimulus of the peripheral nerves may be so reflected by the efferent branches as to cause contraction of the dilated capillaries, and in that way resolution.

2nd. Or by setting up artificially an inflammation on one part of the body you may, by vicarious action, cause the internal inflammation or morbid condition to cease in another part.

3rd. Or the impression or new action set up by the irritant may break the continuity of the morbid nutrition, as a bad habit may be broken by a sudden necessity or shock.

4th. Or the artificially produced discharge may, according to the old belief, carry off peccant humours in some diseases, and benefit in a chemical manner.

5th. Or if products of inflammation have been effused, blistering may stimulate absorption.

I believe that any one or more of these physiological or chemical effects may be produced without there being any *direct* vascular or nervous connexion between the parts primarily affected, and secondarily irritated—that is to say, there need not necessarily be immediate connexion by capillary anastomosis, and afferent and efferent nerve union. Surely in the case of the nerves (and we know how they influence the vessels) it is not needful to prove a *direct* communication. Do we not all know how marvellously the nerves are connected throughout the body? To show that an impression on one part may influence a distant part, I will give a few illustrations.

Some years ago I had a patient—a girl twelve years of age—with a non-specific ulceration of the mucous membrane of the nose. I gave tonics, alteratives, procured change of air, and used various local applications, but all to no good purpose. At last, after two months' trial, my patient, to my confusion, was taken to an oilmonger who is an amateur doctor, and who immediately put a seton in the arm, with the result of effecting an almost immediate cure.

Again, look at the effect of plunging the hand suddenly into cold water in arresting epistaxis. Or at the fact of a draught of cold air blowing—we will say on the leg—producing immediate sneezing. Or at the circumstance that putting the feet into mustard-and-water will sometimes so act on the nerves and bloodvessels of the uterus as to produce a delayed catamenia. Or who has not seen a mustard poultice or a blister on the chest give immediate relief, in bronchitis, from pain, dyspnœa, and difficulty of expectoration? Do we not know, also, that a diarrhœa will cure gonorrhœa, and an attack of piles the headache or the gout? Yet in all these instances there is no *direct* nerve connexion. In all these cases a certain impression must have been conveyed to the nerve centres, with the result of an altered discharge of nerve force, or a change in chemical action.

I suppose I must not instance the revulsive effect of an emetic in stopping an ague or a fever, as vomiting is such a tremendous combination of actions. As to setons, I am quite certain, notwithstanding the inoculation-of-pus theory, that they are too much neglected. In head affections especially, as chronic meningitis, and in various other diseases, I am satisfied they are capable of effecting great benefit.

How, in a given case, counter-irritation may do good I will not attempt dogmatically to affirm. It may be, as has been suggested, by stimulating the nerves, the capillaries, or the absorbents; or it may be by revulsion; or, as in the case of ulceration of the nose already spoken of, by producing such an impression in some way on nutrition as to break by a wrench the continuity of a morbid functional action,

* See Dr. Dickinson, "St. George's Hospital Reports," vol. iii., and Dr. Anstie, THE LANCET, Feb. 27th, 1869.

whether nervous, vascular, or chemical. To illustrate this, let us take the case of a chronically inflamed part with its enlarged and weakened capillaries, and which if connected with a gland would cause it to constantly pour out a half-elaborated secretion, and continuing from continuity or habit. Put a blister or other irritant on any part of the body—but if on a part supplied by the same group of nerves as the part affected, perhaps so much the better,—an impulse will be conveyed to the spinal cord or sympathetic ganglia which will be reflected on the diseased part, and the bad habit will be broken. I say this may be so; for do we not know what a trifle will change or divert the operation of nervous action in the brain, the heart, or other organs? How suddenly a thought, a habit, a rhythm, or a secretion may be altered by a new impression. If this be so, may we not argue, by analogy, that if a mental or other habit can be changed by an idea or a new impression—a change, as in fear, anger, or joy, influencing the whole body and its functions for good or for ill,—why may not an external impression on a spinal or sympathetic nerve influence the whole system also for good or for ill? In the one case nerve function is affected from within outwards, and in the other the reverse. Is not the body a great whole, and are not its functions and sympathies closely bound together? Where does consciousness cease? A mental habit may be changed by a new impression, and why may not a habit of organic life be changed also by some other impression? That organic functions can be made to feel the force of habit we know by numerous examples, but most prominently so by the stomach. A diseased action, once set up, may continue from habit, just as a clock may still go even though in wrong beat; yet a very slight alteration will set all right. So, it appears to me, it is quite possible a blister, a seton, a croton liniment, or a mustard poultice, besides its more subtle action on the nerves, the capillaries, the absorbents, or the chemistry of nutrition, separately or collectively, may have a sudden effect on the whole body in altering function, as hot brandy-and-water may cure a headache or a colic by its impulsion, or as a sudden blow on the back may violently break the most subtle mental operations. In the one case *involuntary*, and in the other *voluntary*, attention is arrested by the stimulus from what had previously occupied it, and force is directed into a new channel, or equalised.

In concluding these remarks, I would beg to state that, although I have ventured to differ from the authors I have quoted, yet I am fully sensible of the good their papers will certainly effect in drawing attention in a lucid manner to the *rationale* of a practice that has been too much followed as a matter of routine.

South Kensington, March 26th, 1869.

TWO CASES OF ALLEGED DEATH FROM STARVATION.

BY J. WILLIAMS, M.D. EDIN.

ON Wednesday, March 17th, by order of the coroner, I, in conjunction with Mr. Mason, proceeded to examine the bodies of two women found dead on the previous day in a cottage in Cross-street. These two women, mother and daughter, aged respectively seventy and thirty-four, had once been in moderately comfortable circumstances as stay-makers in Sudbury, but during the last four years they were dependent on the charity of their friends, and what they could get by begging. They resolutely refused parish relief. The daughter was engaged to a man named Stevens, who visited her at intervals, and in August last came to them, and continued to live with them up to Friday morning, the 26th of February; and from his evidence before the coroner, and information which I have subsequently obtained from him, it seems that he brought with him the sum of two pounds, and that, with thirteen shillings which he earned whilst he was away from them for a fortnight, was all the money these three people had to maintain themselves upon for a period of seven months. During this time, according to Stevens's account, they were frequently two days in succession without food, and he and they suffered much from faintness and dizziness.

On Sunday, February 21st, after fasting all Saturday, they all three dined off a suet pudding, and on the following day the old woman ate what was left, Stevens and the young woman having none. On Tuesday, February 23rd, the mother, who had been ailing more than usual for a few days previously, died. On Wednesday, the 24th, the daughter and Stevens, having had nothing since Sunday, ate two quarts of soup,—the woman having the larger share of it. On Thursday, the 25th, they had no food, and early on Friday morning Stevens left in a very weak state, and begged his way to London, the daughter promising to make known the death of her mother; this, however, she failed to do, and nothing more was *seen* of her until her dead body was found on Tuesday, March 16th; but she was *heard* by a woman on Thursday, March 11th, whom she asked to fetch her some supper, but who took no notice of her request, and by the postman, whom she thanked for a letter on Friday, the 12th. Both these witnesses said that she spoke in a feeble voice. A boy on Monday, March 15th (the day before the bodies were discovered), who in playing in the street knocked open the door, said it was immediately closed again. When Stevens left he said there was not a particle of food in the house; and from inquiries made I cannot find that anyone gave her anything to eat afterwards; so that she must have been without food from the 24th of February up to the time of her death, which took place probably (from the boy's evidence) about Monday night, the 15th of March, or certainly *not before* the 11th or 12th of the same month, when she spoke to the woman and the postman.

The body of the old woman was in a room upstairs, stretched on its back on a mattress, without any bedstead, covered with a blanket, with her hair carefully combed, as if she had been "laid out." There was little smell of putrefaction, considering the length of time she had been dead. The body presented no marks of violence. The skin was, in patches, especially about the abdomen, of a blue colour, and over the front of the chest it had a brownish dried-up appearance. There was no lividity, even on the under surface. The eyeballs were collapsed. The body was *very* emaciated, but the lower extremities were swollen, and pitted on pressure as far up as the knees. The muscular system was perfectly flaccid. The mucous membrane of the mouth and gums had a pale appearance. On opening the chest we found effusion in the left pleural cavity, and adhesions of a recent date, which were easily torn off the the right pleura. The left lung was congested at its posterior margin. The right lung was very dense throughout its lower half, and on section showed points of purulent deposits. The pericardium contained about a drachm and a half of fluid. The muscular structure of the heart was flabby, but was otherwise healthy. In the abdomen the omentum was exceedingly thin, and perfectly free from fat. The stomach was empty with the exception of a few whitish particles of a friable nature, which I afterwards ascertained to be suet. The small and large intestines both contained fæces. The spleen was contracted, and its capsule shrivelled. The liver and kidneys were healthy, and not congested. The gall bladder contained a small quantity, not an ounce and a half in all, of bile. The bladder was empty. The head was not examined.

The body of the younger woman, nearly naked, was found lying on its right side in a room downstairs, looking as if it had rolled off a heap of rags which had served her for a bed. There were no marks of violence, with the exception of some flea-bites on the lower extremities. There was no lividity of the skin, and the limbs were not rigid. The eyes were open, and the pupils rather contracted. On opening the chest we found the lungs slightly collapsed, and of a pale colour, not congested in any part, and looking like those of an animal recently slaughtered. The pericardium contained about two drachms of fluid. The heart was flabby, but contained no disease. In the abdomen the gall bladder was very prominent, and contained a large quantity of bile. The liver was congested. The omentum was very thin, but contained a few points of fat,—the only fat present anywhere in the body. The stomach and small intestines were quite empty. The former and the upper part of the duodenum showed irregular patches of a dull-red colour,

some being as large as a crown-piece. The peritoneum outside, and the mucous membrane inside, these spots, on being dissected off, showed no trace of the discoloration, and it was distinctly seen to be situated in the muscular coat. The stomach was lined with a yellowish, slimy, tenacious mucus, having an alkaline reaction. The internal surface of the duodenum was stained with bile. The sigmoid flexure of the large intestine contained hardened fæces. The whole mass of the intestines were very thin and transparent, and seemed contracted longitudinally, but their transverse diameter was unaltered. The spleen looked shrivelled, the kidneys were healthy, and the bladder was empty. The membranes of the brain were congested, but the brain itself was free from congestion, and remarkably firm and healthy; the lateral ventricles contained about an ounce of fluid.

I made a chemical analysis of the stomach and other portions of the two bodies, but could discover no trace of poison.

Judging from the condition of the different organs of the bodies, and the absence of poison, we gave an opinion—upon which the jury acted,—that the elder woman died of pneumonia, accelerated by want of proper nourishment, and exposure to cold, and the younger one from actual starvation.

There was very little tendency to putrefaction in any of the organs, and portions of the intestines were very little altered after being exposed to the air for several days in my laboratory, which was kept sometimes at a temperature of from 60° to 70° F.

When I saw Stevens, about a month after he had left Sudbury, he was in a very weak, emaciated state; his gums were tender, and bled easily; and although for several days before I saw him he had had sufficient and proper food, he still felt faint and dizzy at times.

Sudbury, April, 1869.

ABSTRACT
OF
INAUGURAL LECTURE AT THE PARIS SCHOOL OF MEDICINE.

BY M. GUBLER,
PROFESSOR OF THERAPEUTICS.

BEFORE commencing the strictly technical part of his course, M. Gubler wished to enter into a few generalities, touching the rise and progress of therapeutics, and his own views on this most difficult and obscure branch of medicine. First he dwelt upon the importance of therapeutics in the art of healing. In a professional school, natural philosophy, chemistry, natural history, physiology, and pathology were not cultivated for themselves, but in view of their practical applications; they were the foundations of science, of which therapeutics formed the crowning part. And yet it was most singular that man had commenced the building of the edifice at its summit. The apex of the pyramid had first been sketched; empiricism had preceded science. At a time when there were not the least notions of pathology, nor of the precise action of curative means, numerous remedies existed for the healing of wounds and the more apparent affections: so powerful was the feeling of self-preservation, so imperious the want, which led man to look around him for appropriate means of affording cure or relief. After having briefly referred to the scepticism and continual controversy which were attached to the medical art in general, the Professor proceeded to trace the rise and progress of that peculiar branch with which he was specially concerned. He showed how therapeutics, born of instinct and of accident, had undergone in its evolution all the vicissitudes of the human mind before being developed by a spirit of analogy and imitation, and rationalised in modern times. In the age of mythology it reflected the superstitious belief and practices of the time; it was a matter of sorcery, amulets, incantations, &c. Under the influence of natural phenomena, and of the human sentiments and passions, it became a medicine of centaurs and of matrons, in which a specific virtue was attached to each substance, just as a concrete existence was attributed to each disease. The emancipation of the science dated from the day when men, gifted with the spirit of observation, sought the reason of morbid phenomena in natural laws, and when a sort of rudimentary physiology seemed to afford the only possible explanation of the phenomena observed. But then arose the conflicting doctrines of the naturists, solidists, humourists, iatro-chemists, &c., so that therapeutics was made subservient to all these doctrines. It was always behind the other parts of science, so that Stahl at the sight of such a heap of errors and prejudices was led to exclaim that "a daring hand should undertake the cleaning of these stables of Augeas." The genius of Bichât had been tempted by such a task, but, unfortunately, he died too young. His ideas had, however, penetrated into the practice of his time, and inspired the treatises of Schwilgue, Barbier d'Amiens, and Alibert. The *specificité* of remedies began to disappear, and their physiological action to be recognised. Broussais next flourished: his physiological views might have exerted a most favourable influence; but exclusive doctrines on inflammation led him to condemn the greater part of materia medica, the action of which he supposed to be too incendiary. Materia medica fell into neglect. A reaction, however, took place. Broussais' doctrines on inflammation were swept away wholesale, and with them whatever was good touching the physiological action of remedies. The specificity of diseases and the specificity of medicaments were again upheld, and Laennec himself took part in this unfortunate movement. The Professor proceeded to say that it was just about this time that Trousseau and Pidoux's great work on therapeutics was published. He attached the greatest value to the doctrines and ideas which prevail in the book, and ascribed the most salutary effects to its influence. The brilliant teaching of Trousseau had also exerted a most beneficial action in correcting abuses, setting therapeutics upon its true scientific basis, divesting it of all the trash which had obstructed its course, &c. The improvements which had marked the gradual progress of therapeutics from the time when it consisted of staunching blood and applying balms, in employing frictions of crocodile fat in rheumatism, and in administering herbs and a few mineral substances, up to the present day, were next rapidly described. "Thanks to these combined causes," said the Professor, "therapeutics has now attained a degree of comparative perfection of which we would be tempted to be proud could we forget the grandeur of the task which yet remains to be accomplished, or entertain the slightest illusion with respect to the end we are seeking to reach, the difficulty of the route, and the imperfection of our means of investigation." According to M. Gubler, the end to be attained—the *ideal* of modern therapeutics—is to suppress the greater part of pathogenic causes by excellent hygiene, private and public; to avert the outbreak of more autonomic maladies by appropriate preventive medicine; to dissipate altogether pure functional disorders; to repair numerous anatomical injuries; and to cure the greater part of diathetic diseases, if not in the individual, at least in the race. This could be attained only by the constant efforts of several generations of observers, provided with a good method, and directed by the principles of a wise philosophy. The lecturer wished to say a few words in connexion with this fundamental question, and this formed the most original and interesting part of his discourse.

After having stated his views with regard to the action of medicaments, which was purely physiological, and not specific, which exerted a beneficial effect, not as the antagonist of a morbid entity, but by modifying the chemical composition, the structure, and the organic acts of the individual, &c., the lecturer said he would pass rapidly over the question of doctrine. This was of small importance. Between spiritualists and sensualists, materialists and animists, vitalists and organicians, the main point bore on the separation or the confusion of matter and of force. This involved problems which were beyond the reach of science. Whether force was independent of matter, or an attribute of matter, was a question of metaphysics with which science proper was scarcely concerned. For himself, he thought that the conception of *force attribute*, which led to that *organic vitalism* so brilliantly propounded by M. Pidoux, should be admitted for the time being, if only as an expedient.

With regard to the method of investigation—a question of far greater importance than that of scientific principles,—he thought the only valuable one was the Baconian method, that of strict scientific observation and induction, which M. Chevreuil had termed the experimental method *a posteriori*; in other words, that positivist philosophy which had rallied all the scientific minds of the day. With regard to the best means of arriving at a knowledge of facts, there, however, existed much controversy. Two distinct camps had been formed; the one attached to ancient observation, the other upholding exclusively experimentation upon animals. Of course experimentation upon animals had produced invaluable conquests; but observation should not on this account be set aside as being henceforth useless or superfluous. This would be at once an act of injustice, of imprudence, and of folly: of injustice, because we owed to observation the best part of our knowledge; of imprudence, because we would be depriving ourselves of a most precious means of investigation, which science has placed within the reach of everyone, whereas experimentation was the privilege of a few; lastly, of folly, because observation applied to experimental as well as to natural facts. The act of experimenting involved the same faculties and the same operations of the mind as observation; only experimentation was the more speedy process, and suited to the ardent impatience of our times. Each method had its advantages. If experimentation was the more speedy and the more striking process, destined to impress the mind more vividly, its inconveniences were numerous and undeniable. They attached to the experimenter himself, and to the experiment. They involved the illusions, the erroneous interpretations, the hasty conclusions and premature applications of the experimenter; the contradictory statements of different workers; the impossible assimilation of results observed in frogs, and even in herbivorous mammals, to what was the case in man. Many phenomena were not easily detected; and with regard to subjective phenomena, they were entirely wanting. Some phenomena were extremely fleeting; in many cases experimenters had overlooked first effects produced intentionally; and their attention had been fixed only on the grosser manifestations of disorders occasioned by medicaments, or poisonous substances. When only the results produced were taken into account, one might be tempted ever and anon to admit a great similitude of action between the most conflicting agents, such as nitrate of silver and atropine, opium and strychnine, the ligature of veins and the bleeding of arteries.

In clinical observation disorders were more numerous—more easy to be observed. The patient complained of them from their outset. No experiment could supersede this information, especially when the medical man observed upon himself. Spontaneous lesions had also an advantage over intentional wounds; they were free from all complications. For instance, a slight hæmorrhage on the course of the pneumogastric in the brain would better serve to show the triple function of the nerve than an incised wound through the substance of the isthmus, which involved the meninges, the vertebral column, the skin, and muscles. Lallemand had shown what light pathological facts might reflect on questions of physiology. Observation, like experiment, bore an explicative and triumphant character; and, indeed, it was not an easy matter to say what part should be attributed in scientific progress to experiment, and what to observation. When the physician caused the patient affected with abdominal dropsy to change his attitude, in order to ascertain whether the liquid was free or not, he performed an experiment: as much might be said in respect of the successive administration of quinine in cases of malarial fever, intermittent neuralgia, and, lastly, inflammatory sanguinious fluxions.

The whole of the discussion might be summed up thus. There is but one means of knowing facts—namely, observation. The savant might confine himself to observing the phenomena as they presented themselves, or he might excite them in order the better to study them. This constituted the only difference between experimentation and pure observation. Both were incessantly confounded and mingled in daily experience. Neither in practice nor in theory was there need to separate them. On the contrary, both should be made to contribute to the advancement of science.

"Let us therefore go forth to the conquest of novel truths in the paths of experimentation," concluded the lecturer, "but let us give to experimentation the control and sanction of cool and impartial clinical observation. Let us increase by all means our scientific riches, but let us not dissipate unwisely the treasure of positive knowledge which medical tradition has bequeathed us."

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF FLOATING KIDNEY.

(Under the care of Dr. DUFFIN.)

IN the *New York Medical Journal* for March, Dr. Shiff records a case of double floating kidney in a woman, twenty-six years old, and refers to observations upon the subject by various writers. Dr. Walther, of Dresden, he says, shows that the abnormality is to be found in a great many persons, who are not even aware of anything being wrong. Out of 35 observations collected by Dr. Fritz, of Paris, 30 were in females. Floating kidney is most common on the right side. Cruveilhier seems to think that the use of the corset in the female, and wearing too tight clothes in the male, are the main causes of the displacement; and explains the greater frequency on the right side by the fact that the spleen and stomach in the left hypochondrium offer more resistance to pressure than the organs on the right side. Trousseau, Dr. Shiff remarks, relates the case of a man who had been several times treated for peritonitis, where the tumour became extremely painful after exertion; and that of a woman who had been told the tumour was of a malignant character. He advises, where there is any pain, to apply poultices, with rest in bed; and, after the pain has been subdued by these means, to cause the patient to wear a belt, with pads placed so as to give support to the prolapsed kidney. Such a belt Dr. Shiff prescribed to his patient with apparently some benefit.

Amongst Dr. Duffin's out-patients is a woman aged thirty-seven, whose right kidney is movable, and whom we had the opportunity of examining a few days since. The discovery of the abnormality was made quite accidentally, as the patient applied for hysterical symptoms not connected with the renal organs. Her right kidney can usually be felt lying between the umbilicus and the anterior superior spine of the ilium, looking obliquely forwards and inwards. The corresponding flank, viewed from behind, is hollowed out towards the spine, the width of the right loin being two or three inches less than that of the left. The kidney can be grasped and replaced into its normal situation; the flank then, *ipso facto*, assuming its natural width and form. The case is the most distinctly marked that we have seen.

WESTMINSTER HOSPITAL.

A CASE OF FRACTURE OF THE BASE OF THE SKULL.

(Under the care of Mr. BARNARD HOLT.)

THE following case (for notes of which we are indebted to Mr. Frederick S. Palmer, house-surgeon) is one of unusual and peculiar interest. It exhibits all the characteristic phenomena of a fracture of the middle fossa of the base of the skull, and at the same time manifests an injury inflicted upon the brain amounting only to concussion, from which the patient speedily recovered. The hæmorrhage from the ear lasted for thirty-one hours, and during that

time was considerably severe. To this succeeded the aqueous discharge, which continued for fifteen days, and produced no other ill effects upon the patient beyond the discomfort it occasioned. With regard to the treatment little can be said; perfect rest in the recumbent posture, warding off inflammatory action in the brain or its membranes by the application of ice, and paying the strictest attention to dietetic rules and to the condition of the bowels, being all that was required in the case.

C. J——, aged forty years, a butcher, admitted Feb. 25th, 1869. Returning home at 1.30 A.M., he had to ascend a steep staircase in order to reach his room, when his foot suddenly slipped, and he was thrown violently upon the ground, striking the left side of his face and ear.

Upon his admission, he was perfectly insensible, with slight stertor; the skin was cold and clammy; the pupils contracted almost to a point; and the pulse was small and feeble. The left temporal region, including the ear and about an inch and a half posteriorly to that organ, was contused and ecchymosed. Considerable hæmorrhage had taken place from the ear, and blood was then flowing in pretty large quantities. Not any fracture, however, could be detected by examination.

The patient was immediately placed in bed, wrapped in blankets, hot-water bottles applied to the feet, some brandy given him, an ice-bag applied to the head, and the urine removed with a catheter. The hæmorrhage from the ear continued throughout the night, and was so abundant as to render his pillow and bed-clothes completely wet.—At 7 P.M. he became somewhat conscious, and half an hour afterwards vomited.—11 P.M.: Can answer questions. Reaction has set in; pulse full and strong, 100; skin cool and moist; the bleeding from the ear continues, and there are no signs of head mischief.—Mr. Holt saw the patient at 1.30 P.M., and ordered him to be put upon a low diet of milk and beef-tea; the ice-bag to be applied to the head at intervals, and the patient to be isolated from the others in the ward. He passed his urine without the catheter, and the bowels have acted.

Feb. 26th.—9 A.M.: Slept for several hours. There are not any symptoms of cerebral disturbance either of an inflammatory or other character, and he is perfectly sensible. Pulse full, 100, and the hæmorrhage from the ear has ceased. —10 P.M.: Since the cessation of the hæmorrhage there has been a discharge of clear limpid fluid in great quantity. Pulse 96, and no cerebral symptoms.

27th.—Had but little sleep during the night, and complains of deep-seated pain in the head. There is not any heat of the scalp, nor anything indicative of mischief within the cranium. Skin cool and moist; pulse full but compressible (90), and the watery discharge is very abundant.

28th.—No inflammatory symptoms to be observed; the watery discharge present, and the patient is doing well.

The discharge from the ear of the cerebro-spinal fluid continued in large quantities until March 12th, without the least trace of cerebral mischief, and the patient has made a complete recovery, retaining possession of all his intellectual faculties.

MISCELLANEOUS CASES.

ST. GEORGE'S HOSPITAL.

Colotomy.—Mr. Prescott Hewett opened the colon of a woman, aged sixty-four, who was admitted on the 7th inst., for obstruction dependent on cancer of the rectum, and who, a few hours after admission, got stercoraceous vomiting, and seemed likely to die. Starting from the erector spinæ, Mr. Hewett made a cut four or five inches long towards the navel, about two fingers' breadth above the crest of the ilium, coming down upon the quadratus lumborum, and then the left kidney, in front of which was the colon, contracted to the size of a finger, and consequently difficult to find. It looked like a piece of small intestine. The bowel having been stretched above and below to the edges of the wound, a vertical cut was made into it, measuring about three quarters of an inch. The extra portion of the wound, not required for the artificial anus, was then closed by silver sutures. Complete relief followed the operation; and two days afterwards some fæces passed per rectum. A week after the operation she was going on most favourably.

Spike wound of lung; emphysema.—Under the same surgeon is a man, aged forty-eight, who slipped off a wall, dropping about six feet on to a palisade, a spike entering his chest, and forming a wound about two inches long between the ninth and tenth ribs, right side, in front. The lung was wounded, giving rise to emphysema of the subcutaneous cellular tissue over the chest and abdomen.

MIDDLESEX HOSPITAL.

Typhoid fever.—At what date should meat be given in a case of typhoid? Under Dr. Murchison's care is a man to whom meat was only ordered on the thirty-eighth day, the patient having had an attack of hæmorrhage a fortnight before. Dr. Murchison told us, in reply to our inquiry, that he does not give fish until the twenty-sixth day, and withholds meat until the thirtieth day. He often meets with cases of fatal hæmorrhage or peritonitis in cases of typhoid where there has been no diarrhœa. Supposing hæmorrhage to occur, he would wait fourteen days before giving meat, and then he would not allow it if there was diarrhœa.

GUY'S HOSPITAL.

Presystolic murmur.—A good example, in a boy under Dr. Hilton Fagge's care, who had acute rheumatism a year ago, which did not confine him to his bed.

Psoriasis unguium.—Under Dr. Fagge's care is a woman, aged thirty, whose finger and toe nails are enormously thickened, lengthened, and horny. She was quite well in July last; has been married six years; has had two children, and no miscarriages.

Hydatid of liver.—In a girl, aged seven, with some hydatid tumours of liver, Dr. Fagge has applied electrolytic treatment, with the result that the swellings have decreased in size. Dr. Fagge is inclined to believe that the process acts by liberating hydrogen, which then forces the hydatid fluid out of the cyst into the serous cavity.

ROYAL FREE HOSPITAL.

Dr. Cockle has a case of dilatation of the innominate artery, in a woman aged forty-eight years. It is six years since she first noticed pulsation.

Provincial Hospital Reports.

BRADFORD INFIRMARY.

OBSTRUCTION OF THE BOWELS; EXPLORATORY OPERATION; PERITONEUM OPENED; BAND FOUND CONSTRICTING THE ILEUM.

(Under the care of Mr. PARKINSON.)

ALTHOUGH a fatal termination occurred, there can be little doubt that the operation was justified in the following case. It is an interesting and important example. To the house-surgeon, Mr. Broughton, we are indebted for the report.

Henry A——, aged twenty-five, a carpenter by trade, accustomed to lifting heavy weights, and who, ten years ago, was attended by a medical man for inflammation of the bowels, applied on the 27th of November last at Mr. Parkinson's house, complaining of pain at the lower part of the abdomen and of constipation. He was ordered some aperient medicine. In the evening Mr. Parkinson visited him at his own home, and found him suffering pain over the whole of the abdomen, but more especially in the right iliac region on pressure, where there was slight dulness on percussion, but in other regions there was a little tympanitis. There was constant vomiting, but a quiet full pulse. He was ordered twelve leeches to the abdomen, calomel and opium pills, and saline mixture with hydrocyanic acid.

Nov. 28th.—No relief, and bowels not opened. Ordered to suck ice, and an enema of gruel with castor oil and turpentine to be administered. Repeat mixture. He was seen the same day by Dr. Macturk in consultation with Mr. Parkinson, and by their advice he was put thoroughly under the influence of chloroform, and, a long tube having been

passed about nine inches up the rectum, two or three quarts of soap-and-water were administered. The enema remained about a quarter of an hour, bringing away with it two or three very small scybala and a large quantity of flatus.

29th.—No relief to symptoms. Ordered three drachms of sulphate of magnesia in six ounces of water, an ounce to be taken every two hours.

30th.—Stercoraceous vomiting; pulse feebler. The patient was informed that nothing more could be done but an operation, so that the cause of the obstruction, if it could be found, might be removed. He expressed himself willing to undergo anything calculated to give him a chance of life. He was removed to the Bradford Infirmary at 10 P.M. On admission, the patient's countenance presented a shrunken, anxious aspect; the tongue was clean, but slightly dry; the skin warm; the pulse feeble, 106; the vomiting was constant and stercoraceous; the abdomen was slightly distended and tympanitic, excepting in the right iliac region, where there was dulness, as at the commencement of the illness. He did not complain of pain, except on pressure. There was no external evidence of hernia. A consultation of the medical officers having taken place, it was thought, after the history of the case had been carefully reviewed, that the obstruction was in the small intestines, so it was decided to open the peritoneum and explore. At 12 P.M., therefore, the patient being placed on the operating-table, ether spray was applied to the abdomen in the right iliac region, and an incision made along the outer edge of the rectus muscle, commencing above on a level with the umbilicus, and extending downwards to Poupart's ligament. Mr. Parkinson then carefully dissected the parts, until the bowels were exposed, which at the lower part of the abdomen were slightly congested. A considerable portion of intestine was gently drawn out, and there was seen a band tightly constricting a piece of bowel. The band had all the appearance of very contracted bowel, was rather thicker than a quill, and had a whipcord feel. Mr. Parkinson, fearing to divide it with the knife, hooked it up with his finger, and was withdrawing the bowel from under it, when the band suddenly gave way, thus at once relieving the stricture. The bowels were instantly replaced, and the wound brought together by silk sutures. The peritoneum was not included in them, because it had retracted; and, besides, the bowels protruding themselves caused difficulty in the attempt, so that it was abandoned to prevent delay. A pad of lint, a sheet of cotton-wool, and a bandage were applied, and the patient put to bed. He was not on the operating-table more than ten minutes.

Dec. 1st.—1 A.M.: The patient expressed himself relieved. The pulse was fuller, 96; respiration 34. Half a grain of acetate of morphia in solution was injected subcutaneously in the epigastric region. He has just vomited slightly. Ice ordered by mouth.—4 A.M.: Has slept slightly at intervals. No more vomiting, but slight retching. Ordered an enema of brandy (two ounces) and tincture of opium (one drachm). 9 A.M.: Has slept two or three hours. The pulse is better, soft, 100; respiration 25. Ordered an enema of brandy (two ounces) and beef-tea (two ounces), with yelk of an egg.—12 noon: Enema repeated, with addition of tincture of opium (one drachm).—4 P.M.: Patient seems altogether improved; has a better expression of countenance. Enema repeated.—9 P.M.: Pulse 104; has slept a little. Enema repeated.—11 P.M.: The patient has suddenly become much worse; is very restless, and has an anxious aspect. The pulse is sinking; the skin is cold and clammy. There is now no vomiting, and the bowels have not acted. From this time he rapidly sank, and died at 4 A.M. on Dec. 2nd, twenty-eight hours after the operation.

Sixteen hours after death the abdomen was opened. No union had taken place in the wound. The surface of the bowels at the lower part of the abdomen was slightly congested. There were no adhesions, and no serum or lymph anywhere visible. The bowels were slightly distended. There were two or three small clots of blood in the cavity of the peritoneum. Across the circumference of the ileum, about four feet distant from the cæcum, extended a dark, almost livid, mark, about the sixth of an inch in breadth. Corresponding to this mark, there was a slight depression, and the peritoneal coat was cut through. Tracing the mark around the gut to the mesentery, there was seen attached to the mesentery one of the portions of the broken band. This portion was about half an inch long, rather thicker than a quill, had a firm resisting feel, and was evidently composed of organised lymph. A small clot of blood was effused around it. The other portion of the broken band was attached to the apex of the appendix vermiformis cæci, was a quarter of an inch long, and corresponded in all respects to the other portion. The peritoneum, which forms a mesentery for the appendix, and retains it in its place, was, along the line of its attachment, thickened into a band, similar in character to, and continuous with, the band attached to the apex of the appendix. On passing a probe along the interior of the appendix to its apex, it was found to be impervious. The ileo-cæcal valve was normal. The bowels below the stricture contained a considerable quantity of fluid fæces; those above a lesser quantity. The obstruction was thus caused by the vermiform appendix, and the band attached to it, stretching across the circumference of a portion of the ileum, and attached to the mesentery of that portion.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 13TH.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE OPERATIONS FOR THE RELIEF OF CHRONIC INVERSION OF THE UTERUS, WITH THE ACCOUNT OF A CASE SUCCESSFULLY TREATED BY A NEW METHOD.

BY ROBERT BARNES, M.D.,
OBSTETRIC PHYSICIAN TO ST. THOMAS'S HOSPITAL.

THE author discusses the merits of the various operations hitherto employed for the relief of chronic inversion of the uterus, tabulates the cases in which operations have been resorted to and which are not recorded in Mr. Gregory Forbes's memoir in the Medico-Chirurgical Transactions, adds these cases to Mr. Forbes's tables, and compares the results of the different methods. Of cases treated by ligature only, 26 were successful, 10 unsuccessful, and of the latter 8 died; of cases treated by ligature and excision, 9 were successful, and 3 ended fatally; of cases treated by excision only, 3 were successful, and 2 died; of cases treated on Tyler Smith's plan, by sustained elastic pressure, 6 successful cases had been published; and of cases treated by forcible taxis, some had proved successful, but 3 had died. The ligature and excision were open to the double objection that, besides being very hazardous to life, success was only achieved at the expense of mutilating the patient. Forcible taxis was a violent and often fatal proceeding. Sustained elastic pressure had given remarkable results, but cases would occur where the constricted cervix uteri would resist simple pressure. The author related a case of inversion of six months' standing which resisted elastic pressure kept up during five days; and in which he resorted to a plan, thus practised he believed for the first time, of making three longitudinal incisions into the os uteri, so as to relax the circular fibres; taxis then applied quickly succeeded. The woman made an excellent recovery. The author proposes, as the best proceeding where simple sustained elastic pressure fails, to make an incision on either side of the os uteri, and then to reapply the elastic pressure, as being safer from the risk of laceration than the taxis. He concludes with some propositions relating to the diagnosis of chronic inversion from polypus.

DR. PROTHEROE SMITH said that Dr. Barnes had just given a positive proof of the cause of the difficulty in reduction. He had himself operated successfully on a case of sixteen months' duration, and was of opinion that he could suggest a means of overcoming the resistance without resorting to the knife. In the case referred to the inversion was complete when the patient entered the hospital; but manual pressure effected sufficient reduction to restore a margin of cervix. He contrived an instrument, having two steel blades, made to pass between the inverted uterus and the cervix, and to open by a screw. This was applied at 10.55 A.M., and the dilating action kept up until 4 P.M. He then reduced the inversion by pressing on the inverted fundus with a stick having a padded knob at its extremity. The

case did perfectly well, and the patient has since given birth to two children.

Mr. C. BROOKE suggested that Dr. Smith's dilator might be improved by giving to the blades a form that would render them less liable to slip.

The PRESIDENT said that it had just come to his knowledge that a distinguished visitor was present, who would, he hoped, communicate the results of his experience. The Society held the "northern lights" in high estimation.

Sir J. Y. SIMPSON acknowledged the complimentary invitation of the President. He greatly admired Dr. Barnes's paper, which was by the hand of a master. He had seen only a few cases of inversion. Two of the patients had died after excision of the inverted uterus, and this operation should, he thought, be abandoned. In two cases he had replaced the uterus by forcible pressure, and in one of these he found that the cervix had split before the reduction was effected, so that, in a rougher way, he had performed Dr. Barnes's operation. In consultation he had suggested various methods of dilating the cervix; and it had occurred to him that the inverted uterus might be perforated by a trocar, and the cervix dilated or incised by instruments passed through the perforation.

Dr. BARNES thanked the Society for the manner in which his paper had been received. He thought Dr. Smith's method of dilatation involved some risk of laceration of the upper part of the vagina, and that the stick for pushing up the uterus was highly dangerous. Such an instrument had been used in France, under the name of *repoussoir*, and laceration had been a common result of its employment. The operator could not feel where it was going, or what it was doing, and the hand was the only proper instrument. M. Courti had reduced a very chronic case of inversion by passing two fingers of one hand into the rectum, and hooking them over the upper margin of the displaced uterus, while the other hand made pressure in the vagina.

Dr. PROTHEROE SMITH explained that the use of his stick was free from danger. The left hand in the vagina held and guided the instrument, while pressure was made by the right.

ON THE SPONTANEOUS CURE OF HYDATID CYSTS.

BY CHAS. KELLY, M.D.

(*Communicated by* Dr. GEORGE JOHNSON.)

The paper began with an account of those hydatid cysts which were found after death in a putty-like condition; and arguments were brought forward against the theory, generally received, that this condition was brought about by the absorption of the fluid contents and consequent contraction of the cyst. It was showed (1) that there was no vascular connexion between the outer fibrous sac and the endocyst by which such a process could occur; (2) that there were no signs of puckering or contraction, in the cases recorded, of the surrounding tissues, as should be the case if absorption had occurred; (3) that some small tumours had been found in this condition in the substance of the liver, while the tissue around was merely condensed; (4) that the outer sac was generally globular and tense; (5) that although drugs had been given in some cases with the apparent effect of causing absorption, yet none were verified by post-mortem examination.

The author then maintained that the explanation of the phenomena that occurred was—that the hydatid, becoming embedded in some organ, soon had a fibrous sac formed around it; that as the hydatid grew this sac expanded in proportion, if the walls were not too resisting, and if they were properly nourished; as a consequence, the laminated membrane merely lined the sac, and the fluid contents were derived from the pabulum, which, having passed through the fibrous tissue, moistened the outer surface of the endocyst, which then secreted the hydatid fluid. If, on the other hand, the outer sac was too resisting, the expansion ceased, and, in consequence of the relative disproportion of growth, the endocyst became folded upon itself, as was found nearly constantly in post-mortem examinations. That for a while nutritive changes went on, till, after a time, the supply of pabulum was not enough to nourish the hydatid, and it died; or, in other cases, the outer sac became atheromatous and calcified, and death ensued from the nutritive fluid being cut off. The cure, then, was the result, not of absorption of the fluid contents, but of the death of the hydatid from not receiving enough pabulum on which it could live. Thus the involutions of the endo-cyst were not produced by the contraction of a larger cyst, but were a natural consequence of an impeded growth; and thus the globular shape of the sac was accounted for, and the absence of any cicatrisation of the tissues. In nearly all the cases recorded, the cysts were of small size, and seldom recognised during life. The diagnosis of some would most probably have been made if they had once been larger, as the endocyst has been met with four times the superficial area of the outer sac, and in most two or three times the size. Now, if the endocyst had merely lined the outer sac, as is the case where they contain much fluid, the cyst must have once been of such a size as to give rise to symptoms, and to be made out during the life-time of the patient.

The conditions favourable for spontaneous cure are:—1. A dense, unyielding fibrous sac. 2. Atheromatous, calcareous, or cartilaginous changes in the outer sac. 3. A situation in some organ or tissue where expansion cannot take place readily. 4. Relative disproportion in growth between the endocyst and outer sac. All these changes concur in preventing a due amount of pabulum from entering the sac, and so causing the death of the hydatid. An opposite condition of the tissues led to the formation of a large cyst, with very fluid contents. In all cases the hydatid would begin in the same manner, but during its early development the above conditions would lead to spontaneous cure, or, if absent, would cause a large cyst to be formed. The practical conclusion drawn was, that drugs were of no use in treating hydatid cysts; that in cases were fluctuation could be made out, no spontaneous cure could be effected, and that where this took place it was dependent upon the condition of the parts in their early development.

A table was appended with a short account of forty cases, in which this natural process of cure took place: nearly all were found in the liver; none in any tissue where compression could not have been exerted.

Dr. DRYSDALE wished to ask one or two questions. He understood the author to mean that it was proper to operate as soon as a hydatid cyst containing fluid was detected. He thought this unnecessary. A man had been under his care at the Metropolitan Free Hospital with a fluctuating tumour of the epigastrium, presenting *fremissement*, and being apparently a hydatid cyst of the liver. No treatment was employed; and when he saw the man again, two or three months later, the tumour had disappeared.

Dr. W. OGLE observed that many preparations in the museum of St. George's Hospital seemed to confirm the view taken by the author. In these there was no puckering of the tissues external to the cyst; and the endocyst, much larger than the ectocyst, was folded within it. He thought, however, that cases of spontaneous cure occurred also in another way—namely, by suppuration within the cyst, and subsequent drying up of the contents. He believed that the yellow matter was dried pus, and instanced the cases of two soldiers who died in St. George's Hospital from different causes, but both of whom had previously had dysentery, and in both of whom a cavity containing dried pus was found in the liver. He might mention that hydatid cysts were very rare. They had been found in the post-mortem room at St. George's in only 18 out of nearly 3000 cases; and in only six of the eighteen had they been the cause of death.

Dr. HILL mentioned the case of a girl, ten years of age, who suffered from retention of urine, and in whom a hydatid cyst was discharged through an ulcer in the vagina.

Dr. KELLY replied to Dr. Drysdale by saying that he had been careful not to enter upon the question of treatment; and that he thought in the case described the evidence was hardly sufficient to exclude the possibility of error. In reply to Dr. Ogle, he did not believe that the yellow, putty-like matter was real pus. Under the microscope it appeared to consist chiefly of fat, intermixed with hooklets, phosphates, and granular *débris*.

MEDICAL SOCIETY OF LONDON.

THE question of the influences that retard or accelerate the increase of population in various countries is just now attracting a considerable amount of attention, and Dr. Routh has very opportunely brought together into a small

compass, in a paper which he read before this Society on Monday last, an account of the general "causes which lead to the unproductiveness of marriages, considered from a national point of view."

The author of the paper avoided the discussion of the special individual peculiarities which were connected with sterility, and confined his attention to the larger question, as affecting the increase of nations in the mass. Marriages are less productive—and figures were given to substantiate these propositions—amongst the upper classes; wealth tends to diminish procreation; marriages are less prolific in large than in small towns. In France, the average births to a marriage are 3·52; in thirty-nine towns with above 20,080 inhabitants each, 3·05; in some only 2·20; and in towns with less than 20,000 inhabitants, 3·56, and in some, 4·47. Persons engaged in agriculture are less productive than those not so engaged, as shown by Mr. Purdey's statistics: taking three degrees in which the agricultural population abounds in districts, the proportional increase appeared to be respectively 21·9, 39·2, and 73·1. Polygamy results in the births of a greater number, but there is a large mortality amongst the young. Prosperity in a nation increased the number of marriages; and the number of conceptions was diminished when wheat was cheaper, contrary to some opinions. Vitiated food markedly lessened the increase of populations, as in the case of the Maories. As the result of preventive habits, the births in France are as nil to the increase of population, which is wholly accounted for by the increased longevity of the population from 30 to 38 years. Marriages of consanguinity are often prolific, but the offspring short-lived; and marriages in small communities have a like result, as in the Channel Islands.

Dr. Routh next proceeded to point out the causes that lead to increased procreative power, such as climate, emigration, &c. An emigrating population, on its arrival in a new country, increases largely; as in America, where the rate of increase is 57·19 with foreigners, as against 42·8 in the native population. Early marriages are on the increase in England.

The paper, which was a very able one, concluded by drawing attention to the practical bearings of the several points noticed when the physician is consulted in cases of sterility.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 9TH, 1869.

DR. GREENHOW IN THE CHAIR.

DR. BROADBENT read a communication "On the Treatment of Anæmia and Chlorosis with Manganese and Nickel." Proceeding on the assumption that all closely allied substances have analogous therapeutical actions, and that manganese and nickel are chemically closely allied to iron, and on the fact that iron is generally admitted to be an effectual remedy in the disorders above mentioned, Dr. Broadbent determined to ascertain by experiment to what extent the salts of the other metals could be advantageously employed for the same purpose. Several cases were related, in some of which the results were negative, and in others favourable. In one case the sulphate of manganese, in others the chloride, was employed, the salt being usually combined with quinine, or some other bitter.

Dr. GREENHOW read an account of a case of "Tabes Dorsalis." The patient had suffered from nervous disorder for five years. The more important symptoms during the two years he was under observation were the following:—1. Impaired tactile sensibility of the area of distribution of the dorsal spinal nerves from the third to the tenth, and of the distal two-thirds of both upper limbs, especially of the surface parts supplied by the ulnar nerve. 2. Lancinating pains, referring to all parts of the body below the root of the neck, unattended with spasm. To these the patient had been subject, without intermission, for many months. 3. No impairment of co-ordination of voluntary movement; twitching contractions of the flexors of the hand, which could be controlled by voluntary effort; wasting of the muscles of both hands, especially the right. 4. Contraction of both pupils, excessive of the right, moderate of the left; double vision of objects at distances either greater or less than five feet; the image of a near object seen by the right eye being to the left of that seen by the left eye. Ophthalmoscopic results negative, or nearly so. Dr. Greenhow believed the case to be unique in the limitation of the affection to the upper part of the body, and in the consequent absence of any disorder of locomotion. He thought the symptoms to be referable to disease of the posterior columns, of the same nature as that which exists in the ordinary cases of locomotor asynergy, but differing from them in being limited to the upper part of the cord.

A report on this case, by Dr. BUZZARD and Dr. MOXON, was then read. Considering that the most characteristic symptoms of tabes dorsalis may be comprised under the heads of ubiquitous shooting pains, anæsthesia, ataxia, and disorder of the eye; and that, although in most cases all these groups of symptoms are present, some of them are occasionally wanting in cases which are found to be due to lesions of the same kind as those found in locomotor ataxy,—the reporters were of opinion that in this instance the absence of the prominent feature, to which the disease owes the name conferred on it by M. Duchenne, ought not to be regarded as a reason for excluding it from the class of cases comprised under the term tabes dorsalis.

Mr. HOLTHOUSE, after relating a case of Sub-glossitis, which he believed to be an affection of rare occurrence, remarked that its peculiar features were, an absence of enlargement and protrusion of the tongue, and of all symptoms of dyspnœa; the swelling being limited to the sub-glossal region, there was no inflammation of the salivary glands. Supposing some slight injury had been sustained by the mucous membrane of the floor of the mouth, the subsequent mischief might have resulted from blood-poison introduced through the wound. Treatment was essentially tentative. In the present instance the symptoms rapidly subsided upon the use of quinine, but the value of this remedy could not, of course, be determined by a single case.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 7TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

Mr. C. T. Aveling was elected a Fellow of the Society.

Mr. SPENCER WELLS exhibited a Fibroid Outgrowth from the Fundus Uteri. The specimen, which weighed 34 lb. 10 oz., he had removed, a few hours before the meeting, from a single woman aged thirty-six years. Eleven years before, half her lower jaw had been removed, with a fibrous tumour, by Mr. Pemberton, of Birmingham. An abdominal tumour was discovered five years ago. It enlarged gradually, and she was twice in the Birmingham Hospital. During the last six months the tumour had increased rapidly, and she became very weak, and lost flesh. On admission to the Samaritan Hospital, a very large tumour was discovered, which evidently contained no cyst large enough to warrant tapping, but which did not feel so hard as a fibroid tumour of the uterus. No vascular murmur was audible in it, and it appeared to move quite independently of a uterus of normal size. When the tumour was exposed, Mr. Wells was surprised to find that it was not ovarian. It sprang from the posterior surface of the fundus uteri, by a short pedicle. This was secured temporarily by a clamp forceps (which was exhibited), and the tumour was cut away. Some bleeding spots, where adhesions had been separated, were secured by an acupressure needle, and the clamp was removed. Bleeding vessels were secured by hare-lip pins and twisted sutures, which also served to fix the bleeding surface to the abdominal wall by transfixion. Mr. Wells promised to make the result of the operation known at a future meeting. The specimen was referred to Dr. Braxton Hicks and Mr. Wells for report.

The PRESIDENT considered this an unusual case. Fibroid tumours of the uterus of large size were commonly very hard and dense, and their growth slow.

Mr. WORNHIP exhibited an Ovarian Cyst, which he had removed at the post-mortem examination of a patient who had suffered for about ten years, succumbing, at last, after two days' illness, to an attack of peritonitis. About a twelvemonth prior to her death she had been tapped, and eleven gallons of viscid, chocolate-coloured fluid drawn off. At the post-mortem the cyst was found extensively adherent to the abdominal parietes.

Dr. COEY exhibited a lad, aged eleven years, on whom he had successfully performed tracheotomy for an attack of croup which had lasted fifty-seven hours, and in which death appeared imminent.

Dr. MEADOWS exhibited several instruments which he had received from Professor Cazarewitch, of Charkoff. Among them was a new hysterophor, which the author stated he had used with great success in cases of prolapsus uteri. Also two varieties of intra-uterine stems, made of vulcanite. One of these was tubular, and perforated so as to admit of the free escape of the uterine discharges; the other was of a spiral shape. The advantages claimed for these were that they retained their position well, and at the same time allowed the uterine discharges to find their way down by the spiral grooves. A uterine sound was also exhibited, at the handle end of which was an oval, concave plate of bright polished steel, which was intended to serve as a metroscope.

Dr. ROGERS exhibited some drawings of the ovum of an early abortion, and gave particulars of the case. The patient from whose uterus it had been thrown off, had been married eight years without becoming pregnant, and had suffered much from dysmenorrhœa, which was ultimately relieved by dilatation and incision of the cervix. This proceeding was soon followed by pregnancy, and the ovum from which these drawings were taken was the result of the first conception. The decidua uteri was of a very irregular shape, with prominent cornua, and deeply depressed fundus. To one of the cornua was attached a bundle of papillary appendages, which had evidently occupied the uterine end of the Fallopian tube, an unusual circumstance, as the decidua seldom or never extends into the Fallopian tubes. The other cornu was much smaller, and nipple-shaped, without appendages. The outer surface of the decidua was puckered, but smooth, and presented little of the shaggy appearance proper to its normal condition. It was remarkably thick and tough. The inner surface, on the contrary, which is generally smooth, was shaggy with lymphy flocculi. The decidua ovi was thickened and puckered, and irregularly attached to the decidua uteri. The manner in which the walls of the vascular sinuses are reflected over the dendritic villi of the chorion, as first shown by the late Professor Goodsir, was very obvious in some thin sections of the decidual membrane. This patient subsequently again conceived, and was delivered at term of a living child.

Dr. MURRAY exhibited a small Intra-uterine Fibroid, which he had removed by the single-wire écraseur.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

THE history of the recent epidemic of cholera in Persia was the subject of a paper by Dr. Dickson, of Constantinople, read before this Society on Wednesday, the 14th inst. The author has compiled from official sources a host of chronological and topographical data relating to the epidemic, but these must needs be studied with the aid of a map. The paper is a most valuable contribution to our knowledge of cholera. The facts mentioned by Dr. Dickson pointed to importation as mainly explaining the origin and spread of the disease. Dr. Lawson drew attention to the coincidence in point of time between the occurrence of cholera in Persia, India, and China in 1867, as indicating that there was some general influence at work independently, and of more activity, than importation. Dr. Goodeve pointed out the apparently increasing tendency of cholera to become endemic in countries nearer and nearer westward, remarking that this was a reason for the adoption of a vigorous system of preventive sanitation in Europe. Dr. Dickson commented upon the utter neglect by the Persians of such sanitary measures; and Drs. Gavin Milroy and Goodeve reproached the Persian Government for this fault. The Persians are, in fact, completely indifferent to the removal of those conditions of uncleanliness and foulness which court the development of cholera. So long as a *cordon* is drawn around an infected district, the authorities are contented, it seems, to do nothing more. Subsequently to the reading of Dr. Dickson's paper, Dr. Gavin Milroy detailed the opinions of the Rev. Mr. Berkeley on the relation between epiphytics and epidemics. It seems that, beyond the fact of their coprevalence, little is known to the botanists. Indeed, the subject of epidemic epiphytism is an unexplored field. We noticed this particular subject a while ago. By the way, it was stated by Dr. Dickson in his paper that the Persian Government had recently established a Department of Public Health, to watch over the occurrence of epidemic disease, and to advise as to its prevention. It may be fully impressed with the potentiality of sanitary legislation from what has been done in Europe.

Analytical Records.

SUCRE FERRUGINEUX (M. CHANTEAUD'S) ET L'OXYDE DE FER.

THIS preparation is almost entirely soluble, and is stated to consist solely of sugar and oxide of iron uncombined, and therefore not in the state of a salt. This latter statement we have been at some trouble to verify; the iron is not, however, wholly dissolved by water, and the quantity of iron present is very small. The advantages claimed for this preparation are, that it does not exert any irritant action on the stomach and intestines, that it is rapidly absorbed and easily assimilated, and that it never produces constipation. Certainly the appearance and flavour of the article are greatly in its favour: it is entirely free from the ink-like astringency which characterises several of the preparations of iron, and which is so repugnant to some patients. Messrs. Dinneford and Co., of New Bond-street, are the London agents.

LIEBIG'S BAKING POWDER.

We called attention a short time ago to the new method which had been devised for economising the consumption of flour by preserving the nutritive properties of the bran. Owing to the common dislike to the use of brown bread, however, the proportionately large amount of phosphates present in that part of the grain is now lost. We have been furnished with a specimen of Liebig's baking powder, consisting of an acid phosphate of lime and magnesia, and an alkaline bicarbonate of soda; and we have likewise partaken of a loaf prepared with this compound, and compared its qualities with another made of the same flour by fermentation in the usual way. The former loaf was somewhat smaller in size and closer in texture; but it had an excellent taste, and if anything a more pleasant smell than the fermented variety of bread. We did not analyse the specimen supplied us, because it resembled one we had made for ourselves, in which we substituted the phosphatic salts for yeast. The idea appears to us to be a good one, and deserving of attention. The baking powder can be procured of Mr. J. Van Abbott, of Princes-street, Cavendish-square.

GUYOT'S CONCENTRATED TAR SOLUTION (MESSRS. SAVORY AND MOORE).

This preparation is a solution of tar, of uniform strength, and with it tar-water, the form in which the remedy is usually and best administered, may be easily made. The value of tar in certain states and affections of the mucous membrane is undoubted; and many practitioners would often be glad to prescribe it, were it not for the difficulty of procuring it in a reliable and suitable form. This difficulty appears to be obviated by means of the solution of M. Guyot.

LIEBIG'S EXTRACT OF MEAT BISCUITS.

These biscuits are manufactured by Messrs. Peak, Frean, and Co., with considerable skill and success; in flavour they are very pleasant, while they retain nearly unaltered the full, meaty taste of the extract with which they are prepared. One pound of the biscuits contains the quantity of extract obtained from a pound and a half of beef. The combination of the extract with the farinaceous constituents of an ordinary biscuit, renders it much more nutritive than it is when partaken of as beef-tea.

A BILL has been brought into the House of Commons by Mr. Biddulph and Mr. Goldney, to make better provision for facilitating and regulating the supply of pure water in cities, towns, and districts throughout the United Kingdom. A "constant, uninterrupted daily supply," is the end sought to be attained by this Bill.

THE LANCET.

LONDON: SATURDAY, APRIL 24, 1869.

As we intimated last week, there has been a meeting of the Executive Committee of the Medical Council, at which the amendment of the Medical Act, as well as other matters, has been discussed. The Executive Committee had really little power to do more than arrange business for the approaching meeting. In regard to the subject of the amendment of the Medical Act, it had actually no power but that of providing for bringing under the notice of the Government the Amendment Medical Bill already agreed upon by the Council, and brought by it under the notice of two or three successive Governments. The Executive Committee appointed a deputation for this purpose. And we may hope soon to hear of the reception likely to be given to the subject by the present Government. It will be very easy for them to find excuses for not dealing with the question in the course of the current session. But they have a reputation for earnestness in regard to such matters; and as the points of amendment are so well defined, so extensively desired by the medical profession, and so consistent with the interest of the public, we may hope for something more from Mr. BRUCE than a masterly evasion of the duty of amending an Act which has State bearings of the most important character. On the nature of the answer given by Government will somewhat depend, doubtless, the time of the meeting of the Council. If the Government show a disposition to entertain the question, the Council will probably meet soon; if otherwise, it may meet, like other leisurely bodies, at its convenience. Our own opinion is, that for business purposes it generally meets too late.

The Amendment Bill of the Council is a very good one so far as it goes. It amends the 40th clause; and specifies proper conditions for the registration of foreign degrees. But it has one fatal defect: it contemplates no change in the composition of the Council. It is inconceivable that such a Bill can satisfy the profession; and it is only less unlikely that it will receive the approval of the present Ministry, especially under the pressure to which they are likely to be subjected. It will be seen by reference to another column (p. 588) that the British Medical Association is moving earnestly in this matter, and addressing not only its own members but the members of the Legislature. We have before urged, and we would again urge, upon the profession in all parts of the country to stir in this matter, to hold meetings and send up petitions, and, above all, to arrange for communication with individual members on the subject. It is one of those points in which members can easily please their medical constituents, without in any way offending their non-medical ones; for, indeed, the change desired—in the introduction of a number of members into the Council to represent the body of the profession, as distinguished from its mere corporations—is one which could be only advantageous to the public itself. We do not intend here to go into the well-worn and unanswerable arguments for this amendment of the Medical Act. We can only hope that the Council will perceive the feeling of the profession in the matter, and yield to it. The change can be made, indeed, in a way that need not increase the number of the members of the Council, which is certainly large enough already; but, however effected, the change ought to be made. It will be an unseemly thing if the profession and the Council should be opposed to each other in Parliament; and, powerful as the Council may be, we think it would scarcely be so powerful as the profession itself, if it will only unite and determine to be represented in a body which owes all its significance to, and derives all its income from, the medical profession. Surely it is a reasonable thing that medical practitioners should have a voice in a Council the chief duty of which is to formulate such regulations as correspond to the duties of general practice.

At the approaching meeting of the Council, the principal subject to be discussed is that of Medical Education. The discussion will arise out of the Report of the Committee on Medical Education, which ought to be a document of much value. It will embody the evidence of 131 teachers on the subject, along with two Reports of the Medical Teachers' Association, and some account of the French and German systems of teaching. It will be seen at the approaching meeting whether the Council has the power or the will to attempt any great improvement in the modes of medical education. It is one thing to acquire a mass of heterogeneous evidence, and another to extract the lessons and the truth out of it. It will be a still more difficult thing to bring the various schools to agreement upon some fundamental principles of order and method.

At the Executive Committee, we believe, it was determined to reissue the British Pharmacopœia, as, of the impression of 20,000 copies, only 1600 remain. This book is really the *magnum opus* of the Council, and gives satisfaction in all quarters.

THE Reports on French Hospitals, by Mr. BLANCHARD JERROLD, which are now in course of publication in our columns, would not fail at any time to be of great interest to the profession and to the public. At the present conjuncture, however, they are of very special value and importance; because they enable us to institute a comparison between the French and the English systems, or, more correctly, between London and Paris, in the matter of hospital management. It may serve to afford some evidence of the wastefulness of the London system if we compare the mere numbers of the patients relieved; and especially when we remember that this relief is in Paris a reality to the poorest and the most retiring, and that no one there could die, as people die with us, from the want of absolute necessaries of life. We shall not be far wrong if we set the population of Paris at about one-half that of London—say at 1,500,000 souls; and of this number, 175,656 persons received medical relief, either at home or in hospital, during the year 1867. If we take into account that this includes what is equivalent to our parochial medical service, and if

we then consider that, according to *The Times*, 1,800,000 persons were hospital patients in London during 1866, we shall form some idea of the amount of voluntary beggary that our reckless flinging abroad of gratuitous assistance has created. It has been objected to *The Times'* estimate that it was too high; and that it would be invalidated by the fact that in many hospitals the same patient does duty for several in the returns. But even if a few hundred thousands, or say half a million, were on this ground struck off from the total, the residue would still be something appalling. It is almost as bad to provide gratuitous medical attendance for nearly half the population, as for four-sevenths of them. But, in order to put the matter in a strong light, we have supposed that the 1,800,000 is made up by every individual of one-half of the hospital patients in London being counted six times over. Such a calculation would reduce the true number to rather more than half a million—to rather more than one in six of the population—to 514,286, *without* including the operations of the parish doctor. *Including* what is equivalent to these, the Paris number of 175,656 amounts only to one in eight and a half of the population.

In the last number of THE LANCET, Mr. JERROLD has described the Paris arrangements for hospital admissions and dismissals. We need not reproduce what most of our readers have, doubtless, made themselves familiar with; but we must beg of them to recall or to refer to the description, and then to contrast it with their own experience in London. Here we may see a miserable woman, whose husband is stricken down by acute rheumatism, and whose children are crying for bread, hurrying through the streets, shivering and bedraggled, from one counting house to another, to beg for a ticket for the hospital. She has to run also to wait upon the relieving officer, or the board of guardians, at the precise moment when her name is bawled; and to keep another tryst at the house of the parish doctor, waiting for the medicine to be given out. In the meanwhile the sick man is untended, and the children are crying for food. At length, perhaps, the hospital ticket is procured; and then the last bed, or the last bit of decent clothing, is pawned to pay for cab hire. Perhaps the man would have been admitted instantly, as an urgent case, if he had been brought earlier, and without a ticket. But this is not known to those whom it concerns. The classes who ought to benefit have learned to regard the hospital, except in case of accident, as a place, not for the poor, but for the *protégés* of the rich—for the families of men in regular work under subscribers, and so forth.

In Mr. JERROLD'S admirable description, more prominence might have been given, we think, to the organisation of the Central Bureau, and to the efficient manner in which the medical officer there on duty distributes the applicants to the institutions best adapted for their several conditions. So completely is this done, that medical practitioners who wish some poor patient to try some particular form of treatment—such as medicated baths or galvanism—have no difficulty in getting the patient sent, for the specified purpose, to the hospital at which the necessary appliances are in the best condition. But the great fact is, after all, that the poor Parisian regards the hospital as the home and refuge of the sick—not as a place accessible only through private benevolence, or by dint of unblushing importunity.

It is impossible to draw the contrast of which we have spoken without feelings of deep humiliation. We hope the time is not far distant when some approach to the Paris system will be seen amongst us; but we cannot at present hope to introduce it as a whole. We have too much demoralised our poor by casting abroad money in the very insolence of wealth, and by depriving them of the human element, of the discriminating personal kindness, that is essential to real charity. In our hospitals, thousands and thousands of people in receipt of liberal wages are constantly treated without charge for trivial or imaginary maladies, and the time devoted to them is taken from those who have real claims to attention and to care. Our government by boards is radically wrong and bad. A board feels no sympathy and excites no gratitude. The human element in hospital administration is supplied by our own profession alone, and is supplied even by its members imperfectly, because they feel a dissatisfaction with much of the work that falls to them to do. We need reforms in England that shall have a fourfold action. We want to see the London hospital become, to the poor man stricken down by sickness, all that it now is to the poor man stricken down by accident. We want to see a large element of non-medical human sympathy imported into its receiving-rooms and its wards, by men who will assure the sufferer that those dearest to him are not undergoing privations in his absence. We want to see such central control as may prevent the waste of money in supporting unnecessary hospitals in unsuitable buildings, and in struggles for support by advertisements. And last, but not least, we want to see the suppression of that system under which, while the poor and suffering are too often practically excluded, the medical profession is called upon to treat gratuitously thousands of sturdy beggars, whose claim for eleemosynary relief is simply an impudent robbery, the success of which is demoralising to them and degrading to the medical profession.

THE question of adulteration has not been quite set at rest by the deliverance of the President of the Board of Trade; and a measure for the amendment of the Act of 1860, and for the punishment of the noxious adulteration of food, drink, or drugs, has been brought into Parliament under the names of Mr. DIXON, Mr. KINNAIRD, and Mr. GOLDNEY. They propose to punish the adulteration of drugs with "any material," and the adulteration of food or drink with "any injurious or poisonous material," by penalties not exceeding £50; and the sale of the adulterated matter by penalties not exceeding £20. We presume that the Bill has no chance of being passed, or even of being seriously debated, during the present session; and we regret this the less, because we think its provisions fall short of the necessities of the case. The question is one that is not very generally understood; and we should like to say a few words upon the principles that underlie it.

According to old notions, the function of the retail trader was to minister to the convenience of the consumer; and his right to profit was considered to depend partly on this ministration, and partly on the security afforded to the con-

sumer by the retailer's character, and by his knowledge of the article that he sold. A surgeon, for instance, cannot, as a rule, have a practical knowledge of the varieties of tea, and he buys tea from the grocer: first, in order to obtain it in parcels of convenient size; secondly, in order to be assured that he receives value for his money. If, however, the grocer charges him 5s. for what could be sold at a proper profit for 3s., or if the grocer deceives him in the quality of the goods supplied, the consumer loses the second benefit, and the grocer cheats and robs him—because he is employed as a trusted agent, and betrays the trust. According, however, to the maxims of modern trade, which is fast becoming, even if it has not already become, a mere organised system of swindling, all this is changed; and the betrayal of the customer's trust, both in point of price and of quality, becomes the aim of the shopkeeper. Between the wholesale and the retail dealer there has always been, perhaps unavoidably, a battle of wits over a bargain; but then the opponents may be considered as equally matched, and as each possessing the necessary knowledge of the commodity and of the markets. Between the retailer and the consumer there is not, and cannot be, any such parity of knowledge. The man who sells woven goods that are half cotton, under the name of silk, or who sells locust-beans under the name of coffee, is simply a thief and cheat—who robs ignorant people by telling lies. He says to his apprentices that customers must take care of themselves, and must learn to know the articles that they require; and under the salve to his conscience afforded by this lame excuse, he practises rascality so systematically that there are few shops in which a chance customer would not be plundered as a matter of course. The "higher" commercial morality of recent years has added its powerful influence to aid in lowering the tone of the whole trading community, and shopkeepers are requiring some vigorous action, as a means of recalling them into paths of comparative honesty.

For these reasons, we think the Bill now before the House does not go far enough. The law is one of the best and most powerful of all educators, and its authoritative declaration that robbery of a customer by means of lies is a disgraceful crime, punishable like other forms of robbery, or like the wrongful obtaining of money by any other false pretence, would, in the course of a generation, work a most salutary change in public opinion. The essence of the offence in adulteration is that it is a method of robbery; and it seems to us unnecessary to inquire whether the article adulterated is food or drink, or whether the adulterating material is noxious. These are considerations that may aggravate the offence, but that certainly do not constitute it. Adulteration often tells heavily on the poor, not because the adulterating substance is noxious, but because it is worthless—wanting in some qualities which the genuine article would possess, and which the customer has paid for.

From Mr. BRIGHT it is evident the public must expect no assistance. The right honourable gentleman is himself a tradesman; and the mental obliquity induced by early training is usually indelible. The little shopkeeper, moreover, has long been a power in the State; and politicians, accustomed to note his value at elections, and to cherish him accordingly, have as yet hardly realised that his power has passed away. But we trust that the demand for proper laws against adulteration will be one of the ways in which the effects of the Reform Bill will be displayed, and that their enactment will be one of the first proofs that the enlargement of the franchise will conduce to the advantage of the nation.

WE have received a copy of the Bill by which it is proposed to amend the Contagious Diseases Act of 1866. It is presented by the Marquis TOWNSHEND. The Bill is intended to be supplementary to that passed in 1866. It will be seen that the new Bill provides for the compulsory extension of the Contagious Diseases Act to London as defined by the Metropolis Management Act of 1855; and that the Poor-law authorities will occupy, in regard to the powers conferred by the Act and the working of it, the same position which is now held by the Admiralty and Secretary of State for War. Power will be conferred on the Poor-law Board to appoint such number of visiting surgeons and assistants as they from time to time may think requisite, but so that all persons appointed by them shall be officers employed by guardians in or about the medical relief of the poor, or by managers of asylums under the Metropolitan Poor Act of 1867. In the boroughs the legislation is of a permissive character. After the 1st of November next, the Act may be adopted where deemed expedient. The corporation acting in Council will be substituted for the Admiralty and the Secretary for War wherever these are named in the clauses of the principal Act of 1866. The present Bill is apparently mainly based upon the recommendations of the Lords' Committee. The distinction which has been made between the metropolis and other places is a wise one, and in accordance with what we have ourselves strongly urged. Anyone who will consider the exceptional character of the enormous population of a place like London will, we think, perceive the necessity of applying exceptional legislation to it. As regards other towns, although we entertain considerable misgiving as to a permissive line of action being found adequate to meet the difficulties of the case, we do not care to cavil at the Bill on this account. In extending the operation of the Contagious Diseases Act to the civil population, there are difficulties, no doubt, to be surmounted; and it may be prudent to act tentatively at first. The objects to be attained are so truly philanthropic that we regard the attempts which have been made in this direction as worthy of all success. The evils affecting the present condition of society in respect of the spread of these diseases are of the gravest character, and have been long recognised by the most eminent members of our profession. Happily this knowledge is no longer restricted within professional circles. A healthier and—if we may so say—manlier tone of feeling exists; and bishops, lawyers, the heads of our universities, peers, church people and dissenters, Jews and gentiles in short, have agreed in accepting the present as a fitting time for this nation to make an attempt to arrest the progress of a disease which brings suffering on the unwary and the innocent, and is the cause of much degeneracy and misery.

Medical Annotations.

"Ne quid nimis."

RELATIONS OF ELECTRICITY TO NERVOUS AND MUSCULAR ACTION.

An important paper, by Dr. Radcliffe, on the above subject, has lately been read before the Royal Society. Electricity in the form of a current has been almost universally employed by Matteucci, Du Bois Reymond, Claude Bernard, Eckhardt, and other recent investigators of animal electricity, and the observed physiological effects have been ascribed to the action of currents only; but it appears from the investigations of Dr. Radcliffe that these views will require to be considerably modified. The substances of muscle and nerve are very bad conductors of electricity; in fact, the resistance of one inch of the sciatic nerve of a frog is more than seven times greater than that of the whole Atlantic cable; and the result of this very low conductibility is that, during the passage of a current, different portions of the current are in very different states of electric tension, or "potential," as it is now more frequently termed. It is shown in this paper, for the first time, that in a pair of frog's limbs prepared in the usual manner for showing the effects of the "direct" and "inverse" currents, the limb traversed by the inverse current manifests positive potential, which is a maximum at the foot, and gradually diminishes to zero at the point where the nerve joins the spinal cord; from this point the other limb exhibits gradually increasing negative potential, which again becomes a maximum at the foot. Moreover, if either terminal of the battery be placed in connexion with the earth, the potential of the foot in connexion with that terminal becomes zero, and gradually increases throughout the connected limbs, becoming a maximum at the other foot.

From a careful consideration of the various observed phenomena, it appears that in all cases a discharge of free electricity is the immediately precedent cause of muscular contraction, whether induced by the passage of a current, or otherwise; and this discharge is probably quite analogous to that of the electric organs of the gymnotus or torpedo—a discharge induced by nervous action, producing in the latter case merely a shock, while a similarly induced discharge produces contraction in the contractile tissue of a muscle.

It has been further shown by Dr. Radcliffe that the action of electricity on a nerve, which has passed under the name of electrotonus, and has been supposed to be due to its vitality, is really due only to its very low conductibility; and may be equally well shown with a wet thread of silk or gutta-percha, but not with a flaxen or hempen thread, which is too good a conductor.

Dr. Radcliffe has facilitated future investigation in animal electricity by devising a new system of electrodes, which may readily and with certainty be rendered free from polarisation. These consist of platinum wires flattened at the end, and thickly coated with moist sculptor's clay; and may, by a little manipulation, be rendered perfectly homogeneous. Experimenters well know that polarisation of the electrodes has hitherto been the bane of all delicate electro-physiological experiments.

CONVALESCENT HOSPITALS FOR THE SICK POOR.

At a deputation to Lord Spencer, the Irish Poor-law guardians drew attention to the necessity of providing convalescent wards and hospitals for the sick poor. There is probably no want so conspicuous as this in our own Poor-law administration. The diseases of the poor, especially in the metropolis and our larger towns, are mainly induced by overcrowding, bad air, irregular habits, insufficient food, and unhealthy occupations. They require very little active treatment, properly so called; indeed, the increasing use of stimulants shows the exhausting nature of their complaints, and the need there is of restoratives, of which change of air is both the cheapest and the best. We might almost say that complete restoration after acute illness is impossible in the crowded alleys and workhouses of the metropolis; and at the very least we cannot doubt that the stage of convalescence is unnecessarily prolonged. Nothing can be more short-sighted than to send a half-restored patient to work before his strength is completely re-established. The dismal wards of a workhouse, and the confined atmosphere of densely-crowded courts, are not calculated to restore the tone of muscle and vigour of mind which are essential to a successful struggle for employment in a city where a score of healthy men are ever ready to step into the shoes of those who fall out of the ranks of labour. Quinine and cod-liver oil, beef-tea, brandy, and stout, are all very well, but they are very costly, and often sadly wasted. Fresh air is, after all, your true invigorator; and we wish its value were appreciated by the English, as it appears to be by the Irish, guardians. We should then have them going to Mr. Goschen with a request that we would introduce such a classification of existing workhouses as would enable them to convert one or two of the suburban establishments to this most important purpose. What a boon it would be to many a workhouse patient to be drafted off to Hampstead, there to inhale new life and energy on the breezy common! What a glorious change to be sent from the reeking fever dens of Southwark to the heights of Norwood or the fields of Fulham! What a weight of anxiety would be taken from the mind of many a Poor-law doctor if he could order a patient a dose of fresh air and sunshine as easily as he now orders beef-tea and brandy, and could feel that he was indeed placing health and independence once again within the reach of those who now languish on in misery, in spite of his most earnest efforts. Scores would be cured in half the time, and would be far less likely to break down after their return to work. Such an arrangement would be a real economy for ratepayers, who would find their saving not only in the cost of stimulants, but in the diminished number of widows and orphans now left, by the fatal effects of disease, for years upon their hands. The necessity for such an arrangement affords one of the strongest arguments in favour of the equalisation of the rates, and a consolidation of workhouse management.

DR. RICHARDSON AND THE ST. ANDREWS UNIVERSITY.

The return of Dr. Richardson, by a majority of 68 over Dr. Cleghorn, as Assessor for the General Council in the University Court of St. Andrews, is the natural sequel of the struggle in which the medical graduates of that ancient University have been engaged, in order to obtain for themselves their rightful place in its constitution. Forming, as they do, three-fourths of the total number of graduates, it could not be expected that they would tacitly submit to exclusion from the General Council. Led by its president, the St. Andrews Medical Graduates' Association successfully vindicated the right of the Doctors of Medicine to the Parliamentary and the University franchise; and we do not wonder that the choice of the constituency has fallen upon Dr. Richardson, who may be regarded as the representative of the national rather than the local interests of

the University. The whole number of graduates entitled to vote was 1228, and 960, or more than three-fourths, exercised their privilege.

The University Court is composed of six members, representatives, directly or indirectly, of the different bodies composing the University: the Chancellor, the Rector, the Professors, the Graduates, and the Students. It is a court of appeal from the Senatus Academicus; it has power to effect internal improvements in the University; it has a certain jurisdiction over the professors; it regulates the fees in the different classes; and it controls the administration, by the Senatus Academicus, or principal and professors, of the property of the University. In addition to these, its own proper functions, it is the representative of the Commissioners by whom the regulations at present in force were ordained, and by virtue of that succession it is enabled, now that the powers conferred on the Commissioners by the Universities (Scotland) Act have expired, to alter any of the rules, statutes, and ordinances which they framed, subject, however, to the consent of the Chancellor, and the approval of Her Majesty in Council.

It will thus be seen that the University Court is endowed with no ordinary powers. It is to be presumed that the new assessor's first work will be to bring before the members of the Court the subject of which we wrote in our last issue—viz., the restriction of medical degrees to ten annually.

We look upon this election as the assertion of a great principle, fraught with nothing but good to the profession,—the principle of Representation. The officers, the professors, the students, and now the whole body of the graduates of St. Andrews, are represented in its highest Court. No grievances need be unventilated, no necessary alteration of statutes be postponed, no retrogressive legislation be adopted, for want of one to speak with the authority of personal knowledge of the requirements, and the heartiness of personal sympathy with the feelings, of each section of the body. We look to Dr. Richardson to elevate the status of the University in general professional estimation.

THE RATING OF HOSPITALS.

THERE is now a Bill before the House of Commons intended by its introducers to exempt public hospitals from their present liability to rating—a liability that has only recently been made known and acted upon. Abstractedly considered, the proposal seems to be a sound one; and there is doubtless much that might be urged in its favour. But when we come to examine into the provisions of the Bill, it appears somewhat likely to complicate the existing hospital imbroglio, and to make the present confusion worse confounded. Its schedule is evidently intended to exhaust, and probably does exhaust, the existing objectionable varieties of special hospitals; and its clauses do not contain any sufficient security for the *bonâ fide* character of the institutions that may hereafter claim the benefit of its provisions. There is one "hospital" that would certainly fall within the schedule, and that consists, we believe, chiefly of a brass plate and advertisements in the newspapers; and we do not doubt that others would spring up. In fact, a medical practitioner, or, for the matter of that, a quack, would have only to call his house a hospital or dispensary, to obtain twenty subscribers to the charity, and to frame rules that Mr. Tidd Pratt would certify, in order to render himself entirely exempt from the visits of the rate collector. If the Bill became law, we do not doubt that it would be immediately used in this manner. Advertising dentists, and the medical practitioners who advertise their books largely in inferior newspapers, would soon discover the advantages of having a "hospital entrance" at the side door; and would be able to expend the contributions of twenty subscribers in making their new specialties, and their old addresses, widely known through the columns of the public prints. We quite agree that all necessary and well-conducted hospitals should be exempt from rating; but we do not see our way to give them this privilege at present, without giving it also to those from which it would be better withheld. We would rather wait a while than see anything like legislative sanction given to the swarm of small and special hospitals that figure in the schedule of the Bill; and we trust that the measure will be laid aside for the present. There can be no doubt that our whole hospital system must be revised, and brought into harmony alike with the civilisation and with the wants of the present day. When this is done we shall have some definition, authoritative even if not legislative, of the conditions that every hospital should be required to fulfil. When we have this, and when we are quite sure that our hospitals supply public wants, the time will have arrived at which they may be relieved from their share of public burdens.

"HOG-CHOLERA."

EARL COWPER, in the House of Lords last week, asked for information concerning the reported prevalence of hog-cholera in America. Earl de Grey, in reply, quoted from a letter of the British Consul at Buffalo, dated March 20th, to the effect that the malady was widely prevalent among American swine. The disease, it is stated, had been detected in a large drove which reached Buffalo on the 12th of March in transit for New York. About fifty of the drove were found to be infected; and several had been sold upon the spot before discovery was made. The flesh of the diseased hog, it was added, is totally unfit for human food.

It is to be regretted that Earl Cowper did not also ask if hog-cholera was prevalent in any part of Great Britain at the present moment. The disease is one of the most fatal epizootics from which swine have from time to time suffered in these islands; and our knowledge of the malady is far from satisfactory. It has been variously termed by different veterinary authorities, according to the view they have taken of the disease, erysipelas carbunculosum, gastro-enteritis, anthrax, typhus, hog-cholera, &c. Mr. John Gamgee includes the disease among anthracoid affections. It is, apparently, characterised by signs of abdominal pain, diarrhœa, spasmodic breathing, ecchymoses over the whole body, and rapidity of progress. Mr. Gamgee states that "there is marked weakness of the hind quarters from the commencement of the attack. The animal staggers, its limbs cross each other, and at last are paralysed and cannot move." Death is apt to occur in from three to six hours from the outset of the malady. Animals which recover may suffer long from the paralysis of the hind legs or from inflammation of the joints. The appearances found after death are not uniform. The most constant are great congestion or ecchymosis of portions of the tract of mucous membrane. In some cases the respiratory, in others the intestinal, portion is the chief seat of pathological change, and at times the substance of the lungs and of the liver is deeply affected. Ulceration of the intestinal mucous membrane has been recorded; and, but for the rapidity of progress of the disorder, it might be thought that instances of the typhoid fever of swine, so graphically described by Dr. Wm. Budd, had been included amongst the examples of hog-cholera, properly so called, the symptoms agreeing in several important particulars.

Dr. Sutton, of Indiana, in an account of the epizootic, has related several instructive experiments showing the great contagiousness of the disease; and Dr. B. W. Richardson, reviewing Dr. Sutton's paper, pointed out the resem-

blance of the malady in several respects to scarlet fever; and suggested certain experiments with a view of testing the question (*Sanitary Review*, vol. iv., p. 241).

In the event of hog-cholera again becoming prevalent in this kingdom, the course of action, as deduced from previous experience, should be precisely what the country was taught by bitter experience in respect of the cattle plague. That course is at once to kill the sick animals, separate the healthy, disinfect piggeries, and exclude all new stock, except after a prolonged period of quarantine. No other method of action is at all likely to arrest the epizootic; and the lesson inculcated by the disastrous consequences of neglecting like advice at the time of the outbreak of the cattle plague must have been singularly ill learned if a similar disaster among our swine is needed to teach the same lesson as respects hog-cholera. Purchasers of pork should bear in mind that the ecchymotic marks on the flesh of swine killed by hog-cholera, or while suffering from the malady, are apt to be passed off by unprincipled butchers as bruises.

POOR-LAW REFORM IN IRELAND.

A CONFERENCE of Poor-law guardians from various parts of Ireland has been held in Dublin. The principal reforms agreed upon were: that the dietary of workhouses should be uniform throughout the country; that orphans and deserted children should be put out to nurse, and, when old enough, apprenticed to trades; that the deportation of paupers from England to Ireland should be made illegal; and, what is of great importance to the medical profession, that superannuation allowances should be granted to Poor-law medical officers. A deputation afterwards waited on the Lord Lieutenant, who expressed his belief that Ireland, in regard to the Poor Law, was in advance of England. He observed that the superannuation of medical officers in England had been a subject of complaint, and that he did not know whether there were any special circumstances connected with the case of the Irish doctors. His Excellency promised the deputation that all these matters would receive his most careful consideration.

THE LUNATIC HOSPITAL AT NOTTINGHAM.

WE have much pleasure in calling attention to the Thirteenth Annual Report of the Lunatic Hospital for the County and Town of Nottingham—the Coppice, near Nottingham, supported by voluntary contributions,—and to the very excellent institution to which it refers. The asylum in question helps to supply one of the most crying wants of the day; being a charitable institution into which are received insane patients of the middle class who are unable to pay the ordinary rates of private asylums, and to whom it would often be very prejudicial to place them in a pauper institution. No profit is made on any patient; the highest charge being 30*s.* per week, and this being reduced by the committee in special cases. The patients are classified without any reference to the amount paid for them, and all receive the same diet and general treatment, subject only to the special requirements of individual cases. The institution is maintained on this basis by charitable contributions, which are, we regret to learn, insufficient to allow it to do its full work. The Report of the Commissioners in Lunacy speaks in high terms of the general management of the asylum; and it is plain that Dr. Tate, the medical superintendent, has his heart fully in his work. We are glad to quote from his portion of the Report a sound and philosophical passage, containing a truth that is often too much neglected. He says:

"Insanity is essentially a disease of debility, requiring for its treatment an abundant and nutritious diet, and pure air, as well as continuous and persevering medical treatment; and I totally differ in opinion from those who consider medicines of little value in the treatment of mental disease, as I am fully convinced that a vast amount of good may be derived from them when skilfully and properly administered."

The following passage appears to hit a blot in the present legislation with regard to the insane, and one which cannot be too soon amended:—

"Visits to friends for the day, returning to the hospital at night, have been much enjoyed; and it is much to be regretted that no provision is made under the Lunacy Acts to enable the committees of these institutions *to empower the medical superintendent to grant permission to patients to be absent, in charge of their relatives, for one or two days, as is the case in all pauper asylums.* The change serves to break the monotony of their existence, to occupy their thoughts pleasantly, to create a longing for home, and to promote recovery. *I hope that a privilege which is now granted to paupers may soon be extended to private patients*, who are fully as well able to appreciate the pleasure of a full day's change, and whose friends are in all probability better prepared to receive and entertain them."

With this quotation we must take leave of the subject, cordially wishing the asylum a better balance-sheet, and a more extended field of usefulness in the years that are still before it.

THE CONSTITUTION OF THE ARMY SANITARY COMMITTEE.

OUR readers will not have forgotten that we have more than once called attention to the very circuitous and expensive way in which our army sanitary administration is conducted. We believe medical officers have long been agreed in the opinion expressed by our Commissioner, and Mr. Cardwell can scarcely effect reductions in the army medical service while he leaves intact the present constitution of the War-office Sanitary Committee. We have no desire to depreciate the value of the services of one of the medical members of that board. Sanitary science is a comparatively new subject, and Dr. Sutherland brought special qualifications of a high order as a sanitary engineer to bear upon it. He enjoyed the confidence of the authorities, and was comparatively untrammeled by that official routine which rendered the labours of others inoperative. If the latter had possessed power and confidence equal to their ability and knowledge, there might never have arisen any necessity for the presence of a civilian medical adviser to the War Office. The time has surely arrived for some remodeling of the present system. It cannot now be necessary to incur the expense of a Director-General, with a separate head of the sanitary branch of the Army Medical Department, and a professor and assistant-professor of hygiene at Netley. We are not sorry to perceive, therefore, that the matter has attracted attention; and that among the notices of motion in the House of Commons for which no days have been fixed, is one by Mr. Kirk—

"On Army Estimates, Vote 17, p. 85, letter E, 'Army Sanitary Committee,' to ask the Secretary of State for War, are there two civilian members of the Army Sanitary Committee; and if so, to which of them is this sum, 'allowance of £3 3*s.* a day when employed to one civilian member, travelling expenses of the Committee £1200,' paid. And are the duties of Dr. John Sutherland on the Army Sanitary Committee of such a character as not to be capable of being performed by a military medical officer."

PROFESSIONAL ADVERTISING.

WE are glad to note that our recent annotation on this subject has produced a decided effect, and that most of the gentlemen whom we indicated have had the good sense and

taste to withdraw their advertisements from the "quack columns" of the daily press. We trust that we shall be spared the painful duty of directing attention to other similar cases, and particularly to separate advertisements of medical works in leading evening papers. A correspondent has called our attention to the fact that a practitioner in cutaneous disorders appends his private address to the advertisement in the daily papers of a dispensary which he has established for the benefit of the public—and himself! This same person took the trouble the other day to request us to state that he was not the proposed founder of a chair of dermatology at the College of Surgeons—a fact so obvious that we did not feel it necessary to comply with his request.

THE NEW INDIAN FURLOUGH RULES.

THE communication of a correspondent, which is one of several that we have received on the subject of the new furlough rules in their application to officers of the Indian medical service, is deserving of attention. It would seem that regimental medical officers are excluded from any participation in the privileges granted by these rules, owing to an order published by the late Governor-General in December last. It certainly appears to us a hardship that the doctors of native regiments are to be the only officers of the whole Indian army who are to be deprived of the benefit of the furlough rules of 1868. Under both the old and present regulations medical officers in charge of native regiments are allowed leave in India for any period up to two years, retaining their regimental appointments, and we cannot see, therefore, why they should be prohibited from revisiting England for two years under pain of forfeiting such appointments. One of our correspondents, moreover, points out that no extra expense would be incurred by the Government by the concession. The ruling of the late Governor-General appears to us of an arbitrary character, and we would advise medical officers to follow the course of some of their number, and memorialise the Secretary of State on the subject.

SANITARY CONDITION OF LEICESTER.

WE have looked with some interest for the Annual Report of Dr. J. Wyatt Crane, the medical officer of health for Leicester, on the health of that borough during the year 1868, inasmuch as we have lately gathered, from local and other journals, that the mortality last year was high, and that much of it was due to the prevalence of diarrhœa, about whose exciting cause there was difference of opinion. Dr. Crane shows that the death-rate for 1868 was close upon 28 per 1000, while in 1867 it was 24·4, and in 1866 (when cholera was more or less epidemic in many parts of the country) only 23·4. An unusually severe epidemic of measles prevailed during the first six months of last year; an equally severe epidemic of diarrhœa manifested itself in the summer quarter, while the remaining three months of the year were free from any epidemic.

Of the excessive fatality of diarrhœa, which drew a remark from the Registrar-General in his last summer Quarterly Return, that "there must exist conditions in Leicester exceptionally favourable to its diffusion," Dr. Crane states that he does not agree with the opinion of the sub-committee of the local board of health appointed to inquire into the matter, that sanitary defects were the main causes of that special mortality. His conclusion is rather that "simple heat is the cause of summer diarrhœa in this country," by inducing a relaxation of the whole system, and of the digestive organs in particular. While fully concurring in the general condemnation of cesspools, Dr. Crane infers, from the fact that Leicester possesses more water-closets in proportion to its population than a number of other towns which suffered less than Leicester from diarrhœa, that the causes of its special prevalence there last summer must be looked for, as he has looked for them, in atmospheric conditions. The atmospheric theory of causation of epidemic disease is, however, so mixed up with other elements always met with in combination with it, that positive proof of its applicability in special cases is extremely difficult of attainment. And before we could be thoroughly satisfied that heat alone, irrespective of bad drainage, or cesspools, or other sanitary defects, was the exciting cause of the Leicester diarrhœa epidemic of last summer, we should need some explanation why in that town the influence of heat should have had one strikingly particular effect as compared with other towns of equal size, and not differing essentially as regards their elevation and density of population.

THE BALANCE-SHEET OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association has published its balance-sheet for last year, and we congratulate the Association on showing an *apparent* balance in the treasurer's hands. The receipts show that rather over 3150 members paid their guinea subscription last year, making, with arrears paid up, £3494 12*s.* 6*d.* Advertisements and sales of the journal brought in £2065 19*s.* 1*d.*, making, with other small sums, the entire receipts for the year £5571 17*s.* 7*d.* On the other hand, the "journal expenses" amounted to no less than £4698 2*s.* 8*d.*, and the "executive expenses" to £578 9*s.* 5*d.*, leaving therefore only £295 4*s.* 6*d.* for any other objects to which the Association may wish to give support. Out of this sum a grant of £42 13*s.* has been made to the Public Health Committee, and £10 to the Parliamentary Committee, leaving a balance of £201 in the treasurer's hands after repaying £41 10*s.* 7*d.* due to him last year.

We said the balance was *apparent*, and for the following reason. The liabilities of the Association to the end of last year, not included in the above sheet, are put down at £1506, and the assets are estimated at £1672, which, if realised, would of course leave an additional balance of £166. It unfortunately happens, however, that by a circular of the Association, dated December 5th, we learned that on the 27th of November no less than £1148 14*s.* was due from members, and as the average of subscriptions in arrear paid up annually never exceeds £200, we fear that something like £1000 of the estimated assets is *nowhere*, and that the financial condition of the Association is not quite so flourishing as a superficial perusal of the balance-sheet would lead the reader to suppose.

ROYAL SANITARY COMMISSION.

WE are happy to find that the fears we expressed last week, that the Government meant to allow this Commission to lapse, have proved unfounded. Tuesday's *Gazette* contains the official notification of the revocation of the first, and the issue of a second, Commission, constituted on much the same general principles as before, and of which we gave an analysis at the time of its issue. (THE LANCET, Nov. 28th, 1868.)

The new Commission, consisting as before of twenty-one members, contains the following thirteen who were originally appointed—viz., Lord Romney, Mr. Adderley, M.P., Lieut.-Colonel Ewart, Mr. M'Lean, Mr. Clive, Mr. Powell, Mr. Shaw, Mr. Lambert, Sir Thomas Watson, Mr. Paget, Dr. Acland, Dr. Christison, and Dr. Stokes. Eight mem-

bers of the first Commission have been superseded—viz. Lords Northbrook and Elcho, Mr. Bruce, M.P., Sir C. Lanyon, Mr. Ayrton, M.P., Mr. Aytoun, Dr. Rumsey, and the Rev. S. Haughton, M.D. The eight new names are Lord Ducie, Lord R. Montagu, M.P., Mr. Russell Gurney, M.P., Mr. S. Cave, M.P., Mr. S. Whitbread, M.P., Mr. Hibbert, M.P., Mr. E. M. Richards, M.P., and Mr. F. T. Bircham; the latter gentleman belonging, we believe, to the legal profession.

We cannot but regret that her Majesty has been advised to reduce the number of medical Commissioners from seven to five. Why it was thought necessary to strengthen the politico-legal at the expense of the medical element in a Commission which will have to investigate matters most intimately connected with the profession, is to us inexplicable.

The new Commission further contains a most important reservation, inasmuch as it excepts from the inquiry "the City of London and the liberties thereof, and all places under the jurisdiction of the Metropolitan Board of Works appointed under the Metropolis Management Act, 1855." Why this distinction should have been made is hard to understand; but we trust it is not intended to exempt the metropolis from the operation of the sanitary code which we look forward to as the ultimate object to be attained by the Commission.

ENCOURAGING.

THE Board of Guardians of the Union of Rathdown, situate in the counties of Dublin and Wicklow, deserves honourable mention for its public recognition of the claims of Poor-law medical officers to retiring allowances. On the 13th inst., Mr. J. T. Hamilton, M.P., presented to Parliament a petition, officially signed and sealed by the chairman of this board on its behalf, expressing full approval of the Medical Officers' Superannuation (Ireland) Bill now before the House. The petition goes on to say that a great advantage will be secured by the Bill in enabling the sick poor to avail themselves of the services of young and active medical practitioners; and further, that "the grant of retiring pensions would be a simple act of justice towards a deserving class of public officers, who, in many of the several districts, are unable by their professional exertions to make any provision for their declining years." Would that all English boards of guardians might be induced to read this testimony of their Irish brethren to the worth of their medical officers; and that, having so read, they might further be led to the conclusion that equally meritorious service on this side St. George's Channel should have its befitting acknowledgment.

COLCHESTER LOCK HOSPITAL.

THE Contagious Diseases Act appears to have been applied with some effect in this garrison; for we learn that, the hospital establishment being full, application had been made to admit a patient into the workhouse. The Chairman of the Colchester Board of Guardians considered that they could not refuse to receive the patient, but he held that they were entitled to claim from the Government the expense of her maintenance. His idea was, that on the opening of the Lock Hospital the union would be relieved of all such cases. There was an evident disposition on the part of those who engaged in the discussion to throw upon the Government the onus of making provision for them; and it was suggested that another wing could easily be added to the Lock Hospital. We regret that the building is not equal to the requirements of the town; but we entertain considerable doubt as to the willingness of the Government to bear the expense of patients treated in the workhouse. The guardians ought not to forget that the reception of patients into the Government hospital relieves the union probably of present outlay, and, it may be, of future expenditure, by removing a fertile source of disease to others. The operation of the Lock Hospital has already exercised the most beneficial effect in diminishing the number of venereal diseases at Colchester.

THE SHARPEY MEMORIAL.

LAST week we were only enabled to report that a scheme had been finally resolved upon by a sub-committee appointed for the purpose of defining in what way a Sharpey Memorial could best be established, and we now proceed to give details. It had been suggested in the first instance that the interest of any fund collected should be devoted during the lifetime of Dr. Sharpey to his own use, to be ultimately applied to the foundation of a Travelling Studentship, or some such purpose. Dr. Sharpey positively declined to accept any pecuniary advantage of this kind, and we can readily appreciate his resolve. Another mode, therefore, of disposing of the moneys that might be collected was soon matured. It is proposed to endow a Physiological Scholarship in University College, to bear Dr. Sharpey's name, the holder of which will be called the "Sharpey Physiological Scholar." This scholar must be a student of the College, and will have duties assigned to him in the Laboratory of Practical Physiology, under the supervision of the Professor of that department. These duties will consist in helping in the instruction of pupils, and, as opportunities arise, in undertaking original physiological and anatomical research; in fact, in aiding forward the great subject of Biological Science in University College in connexion with the name of the great teacher in whose honour the Scholarship is to be founded. Dr. Sharpey purposes to hand over to University College the whole of his anatomical and physiological library, containing most of the best anatomical and physiological works and monographs, to form the nucleus of a library which will be accessible to all students. Indeed, the general plan would add considerably to the efficiency of the Physiological department in the College. It is probable that a portrait or bust will be placed in the College, and a Sharpey Medal be instituted as part of the Memorial scheme. The feeling of personal regard for Dr. Sharpey which everywhere prevails, especially amongst his old pupils, is so strong that the present opportunity of doing him honour cannot be lost to them. It may, perhaps, be forgotten that Dr. Sharpey's appointment to the Physiological Chair at University College, in 1836, marked an epoch in the system of tuition in the medical schools of London; for at that time special classes of anatomy and physiology, distinct from those of anatomy alone, were for the first time established in the metropolis. Dr. Sharpey is now the oldest teacher of Physiology in England. Science and its devotees owe him much, and in many ways, for the results of his training, the example of his admirable teaching, and the personal influence for good which he has exerted, during his valuable lifetime, upon medical education, and science in general; and he fully deserves to see the day when so happy a mode of acknowledging the labours of his past life as that we have sketched shall have become a *fait accompli*.

The form of memorial which may be regarded as a home scholarship is, in Dr. Sharpey's judgment, much to be preferred to the *travelling* scholarship or fellowship originally proposed. It offers the undoubted advantage, in the future, of its utility and efficacy being constantly tested by the then existing professors of systematic and practical physiology; and, for the present, the new scholarship, at its first foundation, would be subject to the watchful care of the experienced teacher in whose honour it is to be founded, and

who will be deeply interested in its permanent success. Thus remodeled and reinforced, too, the physiological department in the College may be expected to assume a position even higher than that which it has hitherto enjoyed, and so become a school of physiology equal to the most celebrated of those which exist in other countries; whilst the newly organised physiological laboratory and library will constitute for the present distinguished professor, considering especially his disinterested position and his generous gift, for many years, a source of unalloyed satisfaction.

LORD HENRY SEYMOUR'S WILL.

THE humane intentions of this late nobleman have given rise to endless perplexities. He died in 1859, and left about £60,000 to be divided among the "hospices" in London and Paris. The Paris authorities took half the money, and at once divided it among certain charities in that city. The London moiety has not yet reached its destination, and by the time it does one fears that it will be considerably diminished by the costs of the lawsuits to which it has given rise.

An "In-Patient of a London Hospital" writes to the *Pall Mall Gazette*, saying that no part of the legacy has, up to the present time, been paid in London. The law intelligence of Wednesday last informs us that,—"The matter will now go before the Master of the Rolls for further directions, and the fund divided." One question yet pending is whether £10,000 is to go to Bedlam or St. Luke's, or to both. It is clear that the lawyers will benefit to an extent little contemplated by Lord Henry.

WATER ANALYSIS.

DR. LETHEBY'S paper on this subject, read by him on Saturday evening before the Metropolitan Association of Medical Officers of Health, and the subsequent discussion, will no doubt excite considerable interest. As previously announced, the paper took the form of a criticism, or rather, we might say, of an attack upon Professor Frankland's method of arriving at certain conclusions in regard to water contamination, and upon the Registrar-General for publishing those conclusions in "pseudo-official reports." We have not space to give anything like a full synopsis of the paper and discussion; nor does it seem necessary to do so, because we take it for granted that the issue raised by Dr. Letheby will have, sooner or later, to be taken up by the Government, whose officers now stand charged with creating "unnecessary alarm" in the public mind by stating things which are not true, and in that case the whole question will no doubt be gone into *de novo*. Dr. Letheby contends that the process employed by Dr. Frankland for the estimation of organic nitrogen and carbon in water is so liable to error in the results, and requires such a high degree of manipulative skill, as to be altogether untrustworthy as a process for estimating organic matter in water. The use of the term "previous sewage contamination" Dr. Letheby most strongly objects to; he is convinced that ordinary sewage, when mixed with twenty times its volume of water in a river, will, after a run of ten or twelve miles, be so changed that its original character cannot be discovered by the most refined process of chemistry. Dr. Frankland (who was present), on the contrary, asserted that careful observations have satisfied him that no perceptible destruction of organic matter takes place in a river flow of ten miles, and that he had never found nitrates in streams containing only vegetable matter; in fact, after careful research, he could arrive at no other conclusion than that nitrates proceed from the decay of recent animal matters. Mr. Hawksley, Dr. Carpenter (of Croydon), Professor Wanklyn, Professor Ansted, and Dr. Odling, concurred in objecting to Dr. Frankland's expression, "previous sewage contamination." The discussion will be resumed at an adjourned meeting of the Association, to be held on Saturday evening, May 1st, at 7.30 P.M.

It only remains therefore for us at present to express our regret that a purely scientific subject such as this of water analysis should have been introduced to the meeting with so much evident party spirit and temper. And we must object to the unwarrantable ascription of improper motives to a public officer such as is contained in Dr. Letheby's protest against the "sensationalism of the Registrar-General," who simply discharges a public duty imposed on him in printing every month with his Weekly Return a document officially supplied to him by order of the Government for that purpose.

PROSECUTION UNDER THE MEDICAL ACT.

EDWIN GRAYSTON was prosecuted on Tuesday last by the Birmingham Medical Registration Association. It was shown that he had assumed the title of Doctor, and written "Surgery" over his door. Certificates of death were also produced, signed "Edwin Grayston, M.R.M.C., L.M." The first four of these letters were supposed to mean "Member of the Reformed Metropolitan College," said to exist somewhere in America. A bill was also produced, in which a charge was made for medicine and attendance. In spite of all this, the prosecution failed, as it was held by the Bench that the defendant only represented himself to be what his American diploma entitled him to call himself. This ruling we must be allowed to consider startling, at all events, inasmuch as no diploma from the "Reformed College" was produced in court. For aught we know, no such College may exist. In any case, we think the public should be protected from the practice of persons, who, by virtue of some strange transatlantic document, dub themselves Doctors, and to an ignorant public, provided with no test of genuineness, appear every whit as like true metal as the regularly registered Member of the College and Hall. If the Medical Act can do no more for the public and the profession than it has done in the case of Grayston, it has surely failed egregiously as an Act to enable the public to distinguish between duly qualified and unqualified practitioners, and must be held to be a highly costly and useless luxury as far as the medical profession is concerned. There are three more cases, we hear, to be brought before the Birmingham magistrates next week, and we trust that in these cases some larger measure of success will attend the praiseworthy efforts of the Registration Association.

THE POOR-LAW BOARD AND THE LONDON GUARDIANS.

MR. GOSCHEN has expressed some decided views with respect to his future action towards London guardians of the poor. He observed that when he wished to introduce economic changes he met with opposition, unless the local guardians were let alone, and allowed to carry out what were called "huge jobs" themselves. The Clerkenwell Board, like other guardians, wished to be "left alone." But it was his duty to look at the danger of leaving them alone, for pauperism was increasing at the rate of 7·45 per cent. in three years; and though guardians held to the opinion that they were doing their work well, he had before him the fact that there was an enormous increase in the expenditure. He would not take the responsibility of letting them alone after seeing this state of things. He found that guardians did not mind spending a few thousands more on

this or that purpose if they could keep it to themselves. Of all views, economy combined with efficiency should be foremost, and this was the view of the Poor-law Board. Questions of reform must arise, and parishes must be prepared to give up something of their traditional system, if such reforms were to be adopted for the general good.

Carried to their legitimate conclusion, it appears to us that these opinions must eventually lead to a more extensive consolidation of Poor-law administration than is contemplated in the extension of the Holborn Union, to which Mr. Goschen's remarks referred. We agree with him that the principle of local self-government is just the same in a large as in a small parish; in fact, in all cases where the interests of the entire district are inseparably bound up together, as they are in the metropolis. The principle is as applicable to workhouses as it is to sewers and asylums, and there can be little doubt that both economy and efficiency would be promoted by doing away with the pettifogging jobbery of these would-be local magnates.

DR. LIVINGSTONE.

THE intelligence brought by the Cape Mail last week respecting the safety of Dr. Livingstone is, we regret to learn, quite unfounded. Sir Roderick Murchison writes to *The Times*, stating that he has advices from Zanzibar of two months' later date than those from the Cape, and no mention whatever is made in them of the arrival of the great traveller. Sir Roderick is sanguine in his belief that Livingstone will eventually emerge from the obscurity now surrounding his whereabouts, though we may not hear of him "for some time to come."

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE call attention to the approaching quarterly meeting of this Association to be held at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, on Wednesday, April 28th, at half-past seven precisely. After the address of the President has been delivered, and a resolution submitted, affirming the general objects of the Association, the meeting will proceed to consider the Irish system of out-door medical relief, the operation of the Irish Medical Charities Act, and the advisability of its extension to England and Wales. Several members of Parliament have promised to attend, and will probably take part in the proceedings. Some very important facts and figures will, it is believed, be produced with regard to the influence which bad payment and treatment of the medical officers exert upon the increase of poor-rates. Every fresh step which is taken in this inquiry appears to demonstrate more and more clearly that, to a large extent, the increase of poor-rates of late years has been due to neglected sickness among the poor, which would have been properly treated had not the medical service been systematically starved and maltreated.

SANITATION IN AUSTRIA.

THE Committee appointed by the Austrian Government, with the object of investigating the medical and sanitary institutions of the empire, and which was composed of forty members—amongst whom we may mention Profs. Rokitansky and Sigmund, Helm (Director-General of the Viennese hospitals), Dr. Kraus (Editor of the *Allgemeine Wiener Medizinische Zeitung*), &c.,—has just finished its report, the conclusions of which will be shortly submitted to the Austrian Parliament. Amongst other suggestions, the Committee proposes the nomination of two Sanitary Commissions: a general and superior one, holding its seat in the capital, and composed of twenty members, under the name of the Reichs-Sanitaets-Rath; and an under Commission for each province, composed of ten members, under the name of the Landes-Sanitaets-Rath. At the same time that the Committee held its sittings, under the presidency of Giskra (the Secretary for the Home Department), the Minister of War had organised a similar Committee, composed of twenty-six members, selected from among the army surgeons and of different civil surgeons; amongst whom are Billroth, Pitha, Arlt, Kraus, &c. The improvements which they recommend, touching the sanitary service of the army, have been submitted to the Emperor for approval. We shall shortly be able to enter more fully into the details of the different measures which are now contemplated in Austria for the improvement of the sanitary and medical institutions of the empire.

THE RESCUE SOCIETY AND THE CONTAGIOUS DISEASES ACT.

THE Rescue Society has thought fit to anathematise the exertions that are being made to check the spread of venereal diseases, and has issued a protest in the form of a pamphlet of some fifty-seven pages. We call attention to the matter for the purpose of pointing out that this protest, from beginning to end, is based upon an entirely erroneous conception of the object sought to be attained by further legislative interference. The Rescue Society believes that the Association lately formed for the purpose of promoting measures to limit the spread of contagious diseases is anxious to introduce into England the "continental system" to license prostitution. Nothing is further from the intention of the Association, which merely seeks the adoption of certain regulations of a purely sanitary character, to prevent those who are known to be the subjects of a certain disease from possessing the opportunity or power to spread it far and wide, on a principle exactly similar to that which justifies the control of persons suffering, for instance, from small-pox. The elaboration, therefore, of what is known as "the religious argument," is quite out of place.

The Rescue Society does not object to curing disease, and declares that more Lock Hospital accommodation is needed, but it believes in voluntary exertion. The voluntary system, however, wholly fails to repress contagious diseases. But it seems to us that the Rescue Society might have even fuller scope for its labours if a Contagious Diseases Act were introduced for the whole country. It is one of the chief objects of the attacked Association to provide special means for the reclamation of the diseased women when in hospital, and the Rescue Society might have the freest access to these unfortunates at a time when they would be most inclined to leave off old habits, and seek escape from a return to immorality. Instead of opposing, the Rescue Society should, if it be true to the fallen whom it professes to care for, seek to aid the Association in its humane endeavours.

FESTIVITIES OF FARNHAM GUARDIANS.

ANOTHER guardian celebration has taken place at Farnham. The chairman, S. Nicholson, Esq., has been *fêted* on his retirement by a public dinner, and the zeal of the vice-chairman, Mr. Barrett, rewarded by a handsome dessert service. Mr. Nicholson, in responding to the toast of the evening, observed that the guardians, with their responsibility, did not possess the power they ought to have. Looking back to the history of the past two years, they had submitted to a charge of obloquy which they did not deserve, and had not the power to rectify. They had power to elect officers, but not to remove them, if they behaved ever so ill; and were compelled to spend immense sums of money on their behalf.

This is indeed a curious way of looking at past history. However, it is something to acknowledge that the guardians "sat fortnight after fortnight with grumbling ratepayers, grumbling poor, and a grumbling press." We may add that the grumbling ratepayers they did mind, the grumbling poor they did not mind, and the grumbling press made itself pretty effectually heard, whether they would or not.

WORKSHOPS REGULATION ACT.

DR. ALDIS, medical officer of health, St. George's, Hanover-square, has summoned Madame Armandine, of 28, New Bond-street, and Elizabeth Huddart, of 78, Grosvenor-street, for infringing the Act. It appeared that in the former case the young women worked daily beyond the time required by the Act; and that on Saturday, April 10th, they did not leave off work until 7 P.M. In the latter case, the time allowed for dinner was only half an hour; and on Wednesday, April 7th, the young people worked from 8.45 A.M. until 10.30 P.M. Moreover, Mrs. Huddart had been cautioned by Dr. Aldis on January 9th last. Mr. Tyrwhitt said the Act was a most important one, and he should fine the defendants 42*s.* each.

TYPHUS IN SPAIN.

A BAD FORM of typhus fever has recently been raging in Spain, and is still committing great ravages. Several medical men have already fallen victims to the terrible disease, which they had contracted in the fulfilment of their professional duties. Salagar and Ortega, of Madrid, both men of eminence, have died,—the former having caught the malady in his wards at the general hospital of that city. The Spanish journals also report the death of four army surgeons. Several cities in Spain, and, amongst others, Burgos, Saragossa, Salamanca, Zamora, &c., reckon many deaths each day. The epidemic, it would seem, is much more severe than that which prevailed in Brussels during the month of February.

THE SURGEONCY OF THE MEATH HOSPITAL.

MR. MAYNE has been appointed to succeed Mr. Collis. Very considerable surprise is expressed at this appointment. Mr. Mayne was one of about a dozen candidates, amongst whom was Mr. John Morgan, F.R.C.S.I., surgeon to the Lock Hospital and to Mercer's Hospital, and Professor of Anatomy to the College of Surgeons. Mr. Mayne may be a very promising young man, but he is merely a licentiate of the College of Surgeons, and has only lately attained to that honour. Mr. Morgan's other appointments are, perhaps, the best argument for his not being appointed; but the grounds of the selection of Mr. Mayne seem to us to require explanation. We are informed that the election is in the hands of the medical officers.

WE are gratified to be able to state that Professor Syme continues to make satisfactory progress towards recovery.

A VERY IMPORTANT paper, by Dr. Guy, F.R.S., was read, on Tuesday evening last, before the Statistical Society, "On the Connexion between Insanity and Crime," which we shall notice in detail next week.

THE Distribution of Prizes in the Faculty of Medicine at University College will take place on the 5th of May, at 3 P.M. Mr. Spottiswoode, F.R.S., will preside.

A HOUSE PROPRIETOR, who was lately fined by the magistrates of Newport, Monmouth, for overcrowding his houses, refused to pay the fine, and has been condemned to undergo two months' imprisonment instead. This is, probably, the first time that a landlord has undergone imprisonment for this offence against sanitary laws. The Town Council of Newport is, we are assured, always ready to carry out any sanitary improvement that may be necessary; and the bench of magistrates are on all occasions willing to enforce the law against those contravening the Public Health Acts.

ON Wednesday last, the Right Hon. John Inglis, Lord Justice-General of Scotland, was installed as Chancellor of the University of Edinburgh, in the Music Hall, which was crowded to excess. The Chancellor delivered an address, in which he dwelt chiefly on the subject of University patronage, and on the position and prospects of the University of Edinburgh. In the evening, the principal and professors held a *conversazione* in the college library, which was attended by about 1600 ladies and gentlemen.

THE Parisian journals report the severe illness of MM. Villemain and De Montalembert, two illustrious French literary and political characters.

THE Belfast Board of Guardians have petitioned Parliament for the extension of the Contagious Diseases Act to all garrison towns in Ireland, as well as in England.

THE Canterbury Guardians have appointed a Committee, with whom the medical officer is associated, to consider the steps necessary for the provision of a new workhouse infirmary in place of the present one, which has been condemned by the Poor-law Board.

A COMMITTEE has been appointed by the French Government to institute an inquiry into the causes of the excessive mortality among new-born children. Be it remarked that the committee numbers two senators, three deputies, three councillors of State, one administrator, one inspector-general of the Paris charities, one inspector of the police, one member of the French Academy, one member of the Municipal Council, and only two medical men.

THE health of Paris, at the time we write, is said to be still exceptionally good. Cases of catarrhal fever, and of rheumatism, are still somewhat frequent, but are on the decrease. Typhoid fever has lost much of its intensity.

AT the annual session of Kent magistrates for the transaction of county financial business, held last week, the visiting justices of St. Augustine's prison recommended the increase the salary of Mr. Reid, the surgeon, from £70 (at which it was fixed in 1845) to £100 per annum. This proposition was, however, negatived by the magistrates on a division, in which ten voted for, and twelve against the increase.

THE Natural Science Scholarship at St. John's College, Cambridge, has been awarded to W. Garnett, of the City of London School. There were six candidates.

THE number of candidates for the degree of F.R.S., from which list the Council have to select a limited number for ballot, is forty-five. More than one-third of these belong to the medical and surgical profession.

THE health of Naples still continues to be very bad. Typhoid fever is committing great havoc; and a special nosocomial service has been organised with the view of meeting the emergencies of the moment.

DR. BUCHANAN having resigned his post as physician to the London Fever Hospital, Dr. Broadbent, who has been the senior assistant-physician for the last eight years, will offer himself as Dr. Buchanan's successor.

AT the meeting of the Liverpool Medical Institution held on the 15th inst., Dr. Macnaught, president, in the chair, Dr. Waters brought forward the subject of the Marshall Hall Memorial, and proposed the following resolution, which was seconded by Dr. Vose, and carried unanimously:—"That a local subscription be opened in aid of the fund now being raised for a memorial to the late Dr. Marshall Hall, and that the subscription list be placed in the library." Mr. Manifold was appointed local treasurer.

MR. E. DAVIES, medical officer of health for Swansea, calls attention in his last quarterly report to the great need of a fever hospital in that town, for the isolation and treatment of infectious disease. The mortality in Swansea during the last three months was at the reduced annual rate of 17·6 per 1000.

DR. PHILIPSON'S sickness and mortality returns for Newcastle and Gateshead during February last show that the seizures from general diseases dependent upon a morbid condition of the blood (adopting the new nomenclature) had continued to decline in Newcastle, while they remained stationary in Gateshead. Scarlet fever in both towns had perceptibly declined. Typhus was stationary in Newcastle, but had reappeared in Gateshead. Both towns had a higher mortality in January and February than any of the other ten large English towns which furnish returns to the Registrar-General.

WE are glad to learn that the unappropriated balance of the Talke Hill and Oaks Explosion Fund, amounting to £2350, has been voted to the enlargement of the Wolverhampton and South Staffordshire Hospital. It is hoped that a nearly equal balance will be obtained from the Hartley Colliery Explosion Fund; and certainly no more suitable use could be made of the money at the disposal of the subscribers. The establishment of a special miners' ward in the hospital, for the reception of colliery casualties, would very properly appropriate the money for the benefit of the class for whom it was originally raised.

A CONGRESS of the learned Societies of the French provinces took place last week at the Sorbonne of Paris, and was presided over by M. Duruy. Several interesting papers were read. The Committee of Chemistry and Natural Philosophy reproduced, in the presence of a crowded audience, all the more remarkable experiments which had been performed during the preceding year in the two branches of science with which it is concerned; and, amongst others, Professor Tyndall's experiments on the polarisation of the atmosphere, and on the blue colour of the sky.

M. E. LARBET has been officially appointed Professor of Palæontology at the Museum of the Jardin des Plantes, in lieu of M. d'Archiac, whose mysterious disappearance we mentioned in a recent number.

M. NICKLÈS, the well-known chemist and professor at the Faculty of Sciences of Nancy, has just died. Besides being in a low condition of health, M. Nicklès had suffered for some time from an accident which occurred in his laboratory. He, however, made a voyage to Paris on the occasion of the general meeting of the French scientific societies, but feeling very unwell, he returned to Nancy, where he shortly afterwards expired.

A RECENT ministerial decree has abolished the law which prohibited the entrance of foreign pharmaceutical products into Spain. Henceforth all remedies, of which the formula shall be made known, may circulate freely through the country.

IT was announced the other day that a meeting of the Royal Commission on Water-Supply was held at the House of Lords on the 14th inst. We are weary of asking when the Report of this Commission will make its appearance.

A NEW Lock hospital will shortly be founded in Vienna, and placed under the care of Professor Sigmund.

The Lancet Sanitary Commission

ON THE

STATE OF THE BARRACKS OF THE FOOT GUARDS.

WELLINGTON BARRACKS.

THESE barracks were inspected on the 16th July, 1868, at which time two of the blocks were empty, a battalion of Guards having been sent to Aldershot. There is accommodation for upwards of 1000 men. When viewed from the wide and open parade-ground the general appearance of the buildings is extremely favourable; but on closer inspection it is found that a vast number of irregular and badly-arranged buildings are crowded together upon a comparatively small space, and that ventilation between them is consequently very bad. It is no excuse to say that the buildings were erected piecemeal: a proper supervision ought to have made faulty arrangements of this nature impossible under any circumstances. In 1861 the regimental medical officer reported that "the yard in the rear is very much confined, and contains, in detached buildings, the garrison cells, barrack stores, steam-washing establishment, canteen, regimental schools, and married quarters." The privies, urinals, and ash-pits are placed in the centre of each court; thus adding to the impurity of the air. This part of the barrack abuts upon a filthy neighbourhood, the haunt of epidemics, from which the children of the soldiers have suffered more than once.

The principal building is three stories high. The barrack rooms are placed back to back, and contain thirteen men. They are lighted by three windows in each, and are ventilated by Sherringham valves, Galton's stoves, and ventilating shafts; the latter are placed in the inner corners of the rooms, and it was probably intended that gas jets should be placed in them. These shafts, when in full operation, are said to be equal to the removal of from 7000 to 8000 cubic feet of air per hour; but as they are frequently closed by the men, who complain that the cold air comes down them, the arrangement is anything but satisfactory. Experiments made by order of the Government showed that, when all the apparatus was in working order, the amount of air-movement varied from 800 to 1600 cubic feet per hour per man, and that there was little or no sensation of closeness when it was more than 1000 cubic feet. It must, however, be borne in mind that 3000 cubic feet of air-movement per man per hour is necessary to keep the atmosphere in a perfectly normal state.

In blocks B and C the barrack rooms are approached by

a long corridor nine feet broad, an arrangement objected to by the Army Sanitary Commissioners as impeding both light and ventilation. There are, however, several advantages arising from this mode of construction, inasmuch as in summer the men use the corridors for dining-rooms, and at all times for brushing boots and clothes, thereby diminishing dirt upon the beds. On entering one of the barrack rooms in the main building, there was a remarkable exhibition of the dirtiness of sand. The orderly was sweeping the floor, and it was impossible to see across the room. Not only is the inhalation of this dust likely to be injurious to the lungs, but it covers the beds, arms, accoutrements, remnants of food, &c., and greatly adds to the trouble and discomfort of the men. The discontinuance of this dirty custom was recommended by the Barrack Commissioners in 1859. In many of these rooms night urinals were put up, but the abuse of them was so evident, and they were so constantly out of order, that their use was discontinued, and they are now locked up. In 1858 chamber utensils of earthenware were tried, but the destruction was so great that, after a six weeks' trial, the old urine tub was again brought back, and is still in use. Careful inquiry, however, seemed to show the cause of failure. Every man was held responsible for emptying and cleansing his own utensil, and was obliged to do it early in the morning, as soon as he was dressed. The urinals and latrines are the only places where the contents could be poured away, and are situated outside, at a considerable distance from the main building. Every soldier therefore was obliged to carry his utensil downstairs and across the yard; and as, of course, the whole regiment was engaged in the same operation at the same time, a somewhat ludicrous parade took place without even the presence of an officer of any rank. Moreover the experiment was made in winter, and on the dark mornings the assemblage of some seven or eight hundred men armed with this absurd machinery led very naturally to all sorts of games and to an enormous breakage. It is obvious that if common chamber utensils are to be used in barracks with success, the corporal of the barrack-room must be held responsible for their proper state. He should have pails for emptying them, and hot water to scald them out as often as required. If chamber utensils could be used, they would replace one of the greatest nuisances to be found in barracks; and they would certainly enable the corporal in charge to fix misconduct of a disgusting kind upon the real delinquent, a thing quite impossible under the existing system.

The shoemakers' shop is in the basement story: it is low and dark, but felt cool and pleasant on the hot July day, and the men prefer it to the upper rooms. The shoes of the Guards are all made by the regimental shoemakers, every man being measured. Since the introduction of this practice the disorder of sore feet, which used to be a continual source of trouble when contract boots were supplied, has ceased. Why should not this valuable piece of experience be generally applied?

The latrines are constructed on the open ditch system, and are flushed out daily. The sides of the ditch are deeply encrusted with filth, and the stench is abominable. Those for the women are wet and dirty; the entrance to them is immediately opposite the kitchen, and consequently exposed to the observation of cooks and soldiers. On both sides of the kitchen there is a block of these foul and disgusting places.

The sergeants' mess-room is apparently a converted canteen. It is so small that the whole number cannot sit down to dinner at the same time. The remaining portion of this building is occupied as married quarters; but there are no sinks, no water, no closets, or domestic conveniences of any kind. Other married sergeants are quartered in a building over the kitchen, and immediately overlooking the latrines. The rooms are approached by a single narrow staircase and by a central corridor, from which they open on either side. Escape would be impossible in the event of fire, and that such an occurrence is not unlikely was shown by an instructive incident. Seeing a party of strangers, a little child came running along the corridor, and in doing so trod upon a lucifer-match, which immediately burst into flame. Had no one been there to quench it, a fire might have occurred, and lives would have been inevitably sacrificed. We may take this opportunity of saying, once for all, that more stringent regulations as to the use of matches are required: those ought to be insisted upon which only light upon the box. These sergeants' rooms are small and badly ventilated. The wretched inmates cannot open the windows; for in the morning the stench from the latrines often makes them sick, and in the day-time their rooms would be filled with steam. The heat of the kitchens underneath favours the development of vermin. The quantity of red ants is such that they may be caught by teacupsful. A sergeant stated that it was impossible to keep a morsel of food a single night; and that very morning he found a piece of bread, which he had carefully wrapped up in a linen cloth the night before, alive with insects, so that he could not eat it. This is the more distressing as there are no cupboards or larder of any kind outside the room.

This block of buildings has been repeatedly condemned. In 1861 it was reported as "exceedingly confined, the rooms low, small, and incapable of efficient ventilation. Nearly all the families had measles. At the recommendation of the medical officer, some of them were dispersed; but the occupants will always be liable to epidemic disease." In 1863 it was again reported that "a positive objection must be made to this portion of the barrack. Independently of its faulty construction and bad ventilation, it is completely enclosed, and, in the opinion of the reporter, is incapable of improvement." In January, 1868, the surgeon says: "The objections I formerly made to this portion of the barrack are unchanged. Its position between two latrines, and shut in by surrounding buildings, is objectionable; in addition to which, its construction is bad. Efficient ventilation is impossible. On the ground-floor and under half the building is the cook-house for both the battalions in the barrack; so that, if the people open their windows, their rooms are filled with steam. During the past year ventilators have been placed over the doors opening into the central passage. In summer this has effected some slight improvement; but in winter the draught is so great that the openings are generally pasted up." To this block there is no special supply of water. The women in the top story have to descend fifty-three steps and go fifty yards along the open yard to draw water from the tap; and of course they have also slops and refuse to carry down. The prison cells, both in the prison and guard-room, were close; and the air in those occupied was absolutely foul. The use of urine tubs is more than usually objectionable for prisoners, and ought to be discontinued. The prisoners would not, and dare not, break earthenware utensils; and, even if they did, they usually leave with an amount of accumulated savings more than sufficient to cover the damage.

The baths and lavatories are on the basement story. The former are not used in the winter, and are of the usual most objectionable construction. We have on a former occasion* noted the extraordinary steam-washing establishment existing in the very centre of this barrack, to which all the barrack and much of the hospital linen of the London district is brought. It is right to say that, although the hospital linen may have been used by patients labouring under fever or small-pox, such linen is always disinfected before it leaves the hospital. This, however, does not make the position of this establishment less objectionable, especially as we were informed that its resources are often so inadequate that an accumulation of the dirty linen of several months frequently takes place at Windsor, and possibly at other stations.

We have already drawn attention to the condition of the barrack-room at Buckingham Palace, which contains a number of men for whom there is not sufficient accommo-

* THE LANCET, Nov. 29th, 1868.

dation within the barracks. It has since been visited in the dead of night. The ventilators were all open, and an occasional draught of cold air (it was a cold and stormy night) came down upon certain of the men. The temperature of the air was 58° F., or about ten degrees above that outside. The fires were out, and many of the beds were empty. Nevertheless the air was by no means pure. It yielded 1·2 per 1000 of carbonic acid, or about three times more than would be found in the air outside. In our former report we alluded to the dreadful state of the sergeant's rooms from overcrowding, want of ventilation, and absence of domestic conveniences. In the middle of the night the atmosphere was simply poisonous. The sergeant with his wife and three children were in bed, and the fire was out. There was absolutely no movement of the air; the temperature was 70° F.; and the quantity of carbonic acid was 1·8 per 1000, or four and a half times greater than it should be. The smell was most offensive. Quarters of this kind deserve the severest condemnation. They must inevitably produce debility and disease, particularly amongst the children. Probably there is not a horse or a dog upon her Majesty's establishment that is so shamefully housed as are the five human beings whose kennel stands at the gateway of the Palace. We recur to the subject with infinite pain, because we had hoped that the mere mention of it would have swept away the evil.

It is obvious that the Wellington Barracks require immediate revision. Certain portions of them ought to be at once rebuilt, and the steam-washing establishment ought to be removed.

CATERHAM IMBECILE ASYLUM.

ON Saturday last, the 17th instant, the foundation-stone of the second great pauper asylum was laid by Dr. Brewer, M.P. It is situated at some distance from the Caterham Junction of the South-Eastern Railway. It is of the same size and general construction as the one at Leavesden, and will cost about the same. The contract for the building is £129,000, and it is calculated to accommodate 15,000 imbeciles. We must demur to some of the remarks made by the chairman, who stated that there was an alarming increase of lunacy. So greatly, said he, did this increase, that it was found, notwithstanding the large amount of accommodation afforded by the county asylums, that they were wholly inadequate to meet the calls upon them.

This fallacy has been completely answered. No doubt the asylums are all full, but this results from the greater care now bestowed upon the insane. We regard the establishment of these imbecile asylums as one of the most satisfactory results of recent agitation as to the condition of workhouse inmates; but in saying this we by no means desire to endorse all the actions of the Metropolitan Asylums Board.

We observe that Mr. Torrens has already given notice that he will ask a question as to the entertainment provided for the visitors, one of those mysteries which no man can understand, since the item will probably not be found in the accounts. Nor are we altogether satisfied with the sites of these important institutions. We do not suppose that the managers will make any provision by which the relatives will obtain a free pass by railway to visit the unfortunate inmates; and the distance and expense will generally put such visiting out of their power. In the present workhouses a large proportion of the imbeciles are visited by their relatives weekly, and nearly all once or twice a month. To destroy this expression of feeling and sympathy is another cut at those home and family ties of which the Poor-law system affords so many examples.

Nor is the distance favourable to that close and frequent supervision by the managers themselves which is essential to good and economical management. It is not every professional man who can afford, like Dr. Brewer, to devote his time to the visitation of these widely-separated institutions. Each visit involves the loss of a day,—indeed the whole building will require more than a day for proper inspection. How sixty gentlemen will arrange for the satisfactory performance of this duty, so far away from town, we are at a loss to know; and we therefore feel that a site nearer town, even had the cost been very much greater, would have ensured closer supervision, greater economy, and more consideration for the feelings of the poor.

Correspondence.

"Audi alteram partem."

THE POOR-LAW BOARD AND THE BIRMINGHAM GUARDIANS.

To the Editor of THE LANCET.

SIR,—I have just received a copy of the *Birmingham Gazette* containing the reply of the Board of Guardians to the letter of the Poor-law Board, requiring them to reconsider their determination to reduce the number of their medical officers from eight to five.

The communication which has been sent to the Poor-law Board is a document of extraordinary length, occupying nearly a column of small print, and I have read it carefully through, with the view of determining what case the guardians make, in their attempt to explain their recent proceedings, and I regret to be compelled to state, that the document is characterised throughout by a mixture of bold assertion and disingenuous special pleading.

In their effort to meet the comparison of the number of medical officers in Liverpool and Manchester with those of Birmingham, they assume that, as the salaries there are somewhat lower than those to be paid at Birmingham, therefore the medical officers are justified in giving a much longer time to their work. They then put forward the evidence of a medical officer, Dr. Suffield, who, *they assert*, was examined two years ago; but this from my information, I learn to be incorrect, "as to his not having been relieved by the then addition to the medical staff." But even assuming that he did give this evidence, at that date, it is most disingenuous to put this gentleman forward; for his district, though the largest in area, is the smallest in number of cases,—indeed I find he only gets five additional orders weekly, consequent on the reduction.

They then proceed to justify their view, as to the propriety of lessening the numbers, by asserting that the cases are mostly trivial, and that the medical officers stated that their expenditure on drugs did not exceed £20 a year. As regards the first statement, I would remark that it is inexplicable, viewed by the light of the gradually increasing expenditure on in-door maintenance, which, as I have shown in my previous letters, has converted a test for able-bodied, into a large hospital of nearly 700 beds; and in reference to the second statement, if the Committee of Guardians believed it to be correct why were they so alarmed at the proposition of one of their number to find all the drugs—when they learnt that their cost alone exceeded, for the town of Liverpool, the total amount they have adopted as a sufficient remuneration for their five medical officers who have to supply them from their stipends? But here let me observe that if the statement be correct that £20 a year only is spent by each officer for drugs and appliances, it is a melancholy but convincing proof of the wisdom of the course adopted in Ireland, and some few towns and districts here, of finding all drugs and appliances at the cost of the ratepayers—a policy of which I trust shortly, by producing some rather startling statistics, to show the necessity.

To the inquiry upon what data the guardians have gone in arriving at the conclusion that each medical officer would only have sixteen cases daily to visit, they admit that they directed the medical relief books to be examined, and the figures taken out of recorded cases. I have already stated, and it is absolutely correct, that the medical relief book is no reliable test of the number of cases really attended. The medical officers of such districts as those at Birmingham, where they have to attend midwifery, and find drugs and dispensing, are frequently far too jaded to make any very careful return of the names and numbers of their cases, and I unhesitatingly assert, from this cause alone, hundreds escape all record.

To the final inquiry of the Poor-law Board, whether the medical officers were examined, and were responsible for the figures upon which the Committee rely, the guardians admit that they did not call them before them; and, with an assumed regard for the feelings of their officers, which, viewed by the light of the fact of three of them having been since unceremoniously got rid of, is transparent hypocrisy, they state that to have examined the officers whether their figures were correct was to ask a number of gentlemen whether they were telling the truth; and they then go on to assert that the officers have twice given evidence during the last two years as to the general scope and pressure of their duties. This, from the information in my possession, is simply untrue.

As regards the assertion that the present staff is perfectly well able to discharge the duty, I prefer relying on figures to any general statement of the guardians, even though it be backed in some degree by the existing medical officers, as they, poor fellows, would stand no chance of retaining their appointments at any subsequent redistribution of districts unless they went some length with their Board. I, therefore, append the following. From the 25th March to April 19th, I learn that Dr. Suffield, No. 1 district, received 109 fresh orders, midwifery 0; Mr. Jackson, No. 2 district, 210 fresh orders, midwifery 4; Dr. Suckling, No. 3 district, 219 fresh orders, midwifery 6; Mr. Jones, No. 4 district, 218 fresh orders, midwifery 11; Mr. Darwin, No. 5 district, 158 fresh orders, midwifery 2;—a tolerably heavy list of patients to visit and report upon in addition to those already on the books.

In conclusion, the guardians express a hope that their present arrangement may not be disturbed, at least, for the current year. I do trust that Mr. Goschen will turn a deaf ear to their appeal; the public are looking earnestly to the action of the Poor-law Board in this particularly flagrant abuse of local authority, and any paltering with the question in the supposed interests of this board of guardians will meet with well-deserved condemnation.

I am, Sir, yours obediently,

38, Dean-street, Soho, April 23rd, 1869. JOSH. ROGERS.

P.S.—Mr. Hoare, one of the medical officers whose evidence is put forward to mislead the Poor-law Board, has never been examined by this board, and, having given twenty-two years to parish work, was in fact only parish surgeon. I learn he would have taken two districts if he could have had the pay. He was not re-elected because he was getting in years, and some of the guardians thought he was too liberal in giving relief to the poor.

"A VOYAGE WANTED."

To the Editor of THE LANCET.

SIR,—In this week's number is an article suggesting that the hospitals for consumption should charter a ship for phthisical patients. I beg to state the idea is not a new one, as I proposed it to the Committee of Management of the Brompton Hospital more than a year since. I was induced to do so by the benefit some patients of mine had derived by a voyage taken at my recommendation to Australia. I suggested that a vessel properly equipped would, by the fees derived from first- and second-class patients, be able to provide free accommodation for hospital ones, and that probably the Government might give a ship for the purpose. I received a letter stating my communication should be laid before the Board, but heard nothing further.

I am, Sir, your obedient servant,

Tudor House, Anerley, April, 1869. W. H. TAYLER, M.D.

MR. REDGRAVE AND THE CERTIFYING SURGEONS.

To the Editor of THE LANCET.

SIR,—Your comments on Mr. Redgrave's last half-yearly report are by no means too strong. This inspector proposes the substitution of age certificates for the present medical examination, appearing to imagine that, now that the factory population have been rendered healthy by the agency of surgeons under the Factory Acts, Providence may be expected to keep them so.

Lord Ashley, Mr. Sadler, and Mr. Oustler were of a different opinion. The terrible evils which they combated were produced by causes which are still in operation. The long confinement, heated atmosphere charged with floating fibres of cotton and wool, and the dangerous machinery of factories, are still perilous to delicate persons, and children of tender years. It is certain that, if the present precautions were withdrawn, the factory hands would relapse into their former condition.

Age certificates extracted from the registers take no account of health; they may be, and are, forged, altered, and substituted to any extent desired, and the responsibility, under Mr. Redgrave's suggestion, would devolve upon the sub-inspectors. These gentlemen, however, from their want of special information and experience, would be quite unable, at whatever cost of time and care, to take charge of duties which are at present easily, cheaply, and effectually performed by surgeons.

Mr. Redgrave's proposal appears to be suggested by a desire to promote economy in the public services. Now it so happens that factory surgeons' charges are not paid out of the national income. But the salaries of factory inspectors are, and if the Chancellor of the Exchequer, or any other economist, desires a reduction in this department, he would do well to examine the salaries and travelling expenses of the inspectors, and compare them with their duties. For Mr. Redgrave's argument, logically pursued, leads to a very different conclusion from the one he has arrived at. The factory system being now fully established by Parliament, and introduced at all the works, the law ought to be entrusted with its enforcement; the police should see that millowners do not work overtime, &c., and should prosecute, as in other breaches of the Public Health Acts. Such a reform might be readily carried out: it would not affect the spirit of the Factory Acts, and it would relieve the country from the burden of maintaining the offices at Whitehall, the large salaries of head-inspectors, and an army of sub-inspectors, distributed over the country, and all the costly but lumbering machinery of factory supervision.

Yours obediently,

April, 1869. CIVIL SERVICE.

PATENT INDIA-RUBBER SPONGE.

To the Editor of THE LANCET.

SIR,—Having tested the utility of pads made from the above material at my suggestion to the patentee, I now beg to introduce them to the notice of the profession as possessing advantages over the tow or wadding pads now in use. The sponge pads adapt themselves nicely to the limb, exerting pleasant, equable, and uniform pressure; and when once adjusted, are little liable to disorder. The case first treated was one of fracture of the leg, and I adopted the suggestions made by Mr. Paget, avoiding bandages; four webbing straps only were used, and the limb was maintained in an unaltered condition as to its position throughout by occasional tightening of the straps. A good recovery is made, and the pads, on removal, I find unaltered in their elasticity. They are, therefore, durable, if not permanent. It is necessary to guard them by a covering of waterproof, as grease, I am told, will easily destroy their elasticity. I am of opinion that much comfort will be derived from this material in preventing sore heels and bedsores. Suggestions also by my friend, Mr. Pemberton, of Birmingham, as to its use for pressure in aneurism, and for some cases of rupture, are valuable. The pads at sizes for arms and legs I find most useful, and are supplied to order by the patentees, Messrs. Cow and Co., Cheapside, who will be glad, I have no doubt, to make the material to any shape.

I am, Sir, your obedient servant,

SAMUEL STRETTON, M.R.C.S.

Kidderminster, April 20th, 1869.

THE NEW INDIAN FURLOUGH RULES.

To the Editor of THE LANCET.

SIR,—In the Indian Furlough Rules of 1868 it is stated that *all* officers holding appointments, if entitled to furlough, can avail themselves of it for a period not exceeding two years without loss of appointment—i. e., they can re-

turn to their appointments at the expiry of their leave. In face of this declaration, it has been ruled by the Government of India, in the Military Department, that medical officers in charge of regiments cannot avail themselves of any furlough without forfeiting their appointment; and no other reason is vouchsafed them for this arbitrary ruling save that regimental medical charges are not considered appointments, according to the sense of Clauses so-and-so of the Furlough Rules!

In those rules no definition of an appointment is given; but it suited our late Governor-General, whose loss the Medical Department at least have no cause to regret, to deny one of their chief boons to the majority of medical officers, and to them alone.

Every officer permanently appointed to a native regiment, from the officer commanding to the youngest subaltern, can take his furlough, and return to it, save only the medical officer; and no reason is alleged for this injustice save one that carries absurdity on the face of it,—the medical charge of a regiment having always been considered an appointment since the Indian Army has existed.

March 12th, 1869. JUSTITIA.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE ELECTION IN THE HYGIENIC DEPARTMENT OF THE PARIS ACADEMY OF MEDICINE.

ON Tuesday last there was unusual animation and bustle at the Academy of Medicine, it being an election day. The elections at the Academy are always looked forward to with some interest by the profession in Paris, and with intense anxiety by the different candidates who are on the list. A seat in the Academy is considered here, not only as a crowning professional honour when one cannot reach so high as the Academy of Sciences or French Institute, but as a stepping-stone to other honours, and to increase of practice. On Tuesday, the election was to take place in the section of Hygiene. As you know, the Academy is divided into a certain number of sections, representing the different branches of medicine. No other section of the Academy has less autonomy, is less occupied by special men, than this one of Hygiene. It largely allows of what has been expressed by a term frequently used by the French Government in the discussion of the Budget,—I mean "*le virement*." When a nosocomial physician wishes to become a Member of the Academy, and finds the Pathological section already filled, he goes in for Hygiene, and makes his way into the society by this bye-door. It would be much better, both for the credit of the Academy and the clearer elucidation of the important hygienic questions which it occasionally discusses, if only special men were to be admitted into the section; for sometimes it happens that many candidates of recognised experience and ability in hygiene do not succeed in being elected, because they are not as strongly supported as their pathological rivals, who are generally nosocomial physicians, or professors at the Faculty. This time M. Fauvel, as was expected, has been elected. He is a physician of great merit and distinction; but unfortunately, to secure his election, Bertillon and others, who are more strictly hygienists, have been excluded.

A word or two touching the candidates will, I am sure, *apropos* of this election, be welcome. M. Fauvel, besides being the Emperor's physician, to which post he was appointed after Rayer's death, is physician to the Hôtel Dieu, and is well known by his labours at the International Cholera Commission of Constantinople, and his writings in connexion therewith. M. Leroy de Méricourt is the editor of the "Archives de Médecine Navale," a special journal of much interest. He has written many remarkable papers on questions of climatology, enjoys a high position as a naval surgeon, and would have rendered considerable service at the Academy. Of M. Bertillon's innumerable labours in the field of hygiene and statistics, and of his varied abilities, there is scarcely need to speak. His papers on Anthropology, Medical Geography, &c., published in various journals, and more recently in Masson's Dictionnaire Encyclopédique, are of considerable value. M. Lunier is Inspector-General of the Lunatic Asylums, and has chiefly occupied himself with the question of insanity. M. Lagneau is a distinguished anthropologist, and has recently presented to the Academy two remarkable essays on the Parisian population, and the distribution of disease over France. MM. Hillairet and Gallard are nosocomial physicians, and both have written good papers on Hygiene.

A VISIT TO DR. BROWN-SÉQUARD: ORIGINAL DETAILS TOUCHING HIS RECENT RESEARCHES.

Dr. Brown-Séquard has, with great kindness, related to me his more recent researches, and shown me the interesting little animals upon which he is now experimenting. I have, therefore, the pleasure of being able to speak of them *de visu*, and of adding some interesting details to the note which I sent you two weeks ago. If you remember, I then mentioned that the Professor's recent researches were upon some of the effects of section of the sciatic nerve and injury to the corpora restiformia in guinea-pigs. A great number of the animals were shown to me in which the sciatic nerve had been severed, and in all the *zone epileptogène* did exist: I mean one single spot, by exciting which the fit was immediately produced. Pinch wherever you like, independently of that situation, and, though the animal will not like it, and will scream more or less, there is nothing abnormal; but as soon as you excite the particular spot, it goes into a fit. In this situation, which may be easily circumscribed, extending from the ear to the eye, round below the jaw, and backwards to the shoulder-blade, there seems to be an obvious impairment of nutrition; the hair is much less abundant, parasitical animals are found there, &c., and, besides, sensibility is considerably diminished. The fits produced are quite similar to those brought on by section of the lateral half of the spinal cord.

Dr. Brown-Séquard showed me some animals in which the paw of the limb where the sciatic nerve had been divided was more or less injured. This, he observed, was not a spontaneous injury which must be attributed, as had been thought, to the division of the nerve. The dragging of the paralysed limb produced a slight abrasion; and as soon as there was a drop of blood, the little animal set to gnawing the insensible extremity. It is also the case with rabbits. There must be, however, a drop of blood to excite the voracity of the animals. In some of them, two of the claws of the feet, the two outer ones, animated by the great sciatic nerve, which alone is severed, had fallen off; while the remaining claw, the middle one, animated by the little sciatic nerve, was unimpaired. By wrapping up the limb in a bag as soon as section of the sciatic nerve is performed, the experimenter prevents any injury occurring.

With regard to his other series of experiments, those in the corpora restiformia, the Professor showed me a great number of guinea-pigs in which I could trace the effects of injury to that particular part of the nervous system. The ears of several guinea-pigs showed the appearances of dry gangrene. In some of the animals half of the ears had already fallen. The aspect produced by the solution of continuity along the edge of the ear is quite distinct from that of a bite. In a bite, the little portion of the ear seems cleanly cut off; whereas in dry gangrene it appears to have crumbled off. I have noticed the remains of two or three hæmorrhagic clots which had formed on the ear.

To conclude, I may just mention that Dr. Brown-Séquard was much surprised when some of the French journals stated that he had neglected to note the occasional occurrence of hæmorrhage in the ears of insane people. The fact is, that the very object of the illustrious experimenter in mentioning the phenomena which he observed in guinea-pigs was to show that the hæmorrhagic clot observed on the ears of mad patients, and concerning the etiology of which there is still much discussion, may be due to purely internal nervous causes, and not to external violence,—his chief aim in every one of his experiments being their application to the pathology and therapeutics of the human species.

Paris, April 20th, 1869.

THE Birmingham Training Institution for Nurses is, we learn from the *Daily Gazette*, progressing towards the accomplishment of its design. A house has been taken, a lady superintendent engaged, and the terms of agreement with the hospitals settled. Furnishing, the first desideratum in all households, is the object upon which the efforts of the Committee are just now concentrated.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 20th inst.:—

*Atkinson, Robert, Coniston, Westmoreland.
Barton, Edwin, Market Rasen, Lincolnshire.
Cameron, J. S., Mirfield, Yorkshire.
Collier, J. L., Manchester.
Cox, William, Wallingford, Berkshire.
Gabbett, P. E. D., Woolwich, Kent.
Grant, Frederick, Kilworth, Leicestershire.
Hardyman, C. E., Norwich.
Haynes, H. E., Evesham, Worcestershire.
Hutchins, W. D., Bristol.
Jukes, Andrew, Tiverton, Devon.
Kidd, J. K., York.
Parker, Rushton, Liverpool.
Pocock, E. W., Brixton, Surrey.
*Roberts, J. D., St. Austell, Cornwall.
Saunders, H. W., Oxford-street, W.
Skelton, Henry, Tooting, Surrey.
Skrimshire, C. P., Holt, Norfolk.
Thompson, Edwin, Liverpool.
Turner, F. H., High Wycombe, Buckinghamshire.

* These gentlemen passed in Surgery at previous meetings of the Court, and, having subsequently obtained qualifications in Medicine, were also admitted Members of the College.

The following were admitted Members on the 21st inst.:—

Abbott, George, Nottingham.
Davison, W. J., Newcastle-upon-Tyne.
Dessé, Ethelrid, Kensington-gardens-square.
Duncan, A. S., Brompton, Middlesex.
Hodges, F. H., Redland, near Bristol.
Hopkins, John, Lantrissant, Glamorgan.
Lowther, Richard, Crackpott, Yorkshire.
Morris, D. W., Capel Dewi, Carmarthen.
*Oakeshott, John, Highgate.
Whitmore, W. B., Sloane-street, Chelsea.

* This gentleman passed under the old regulations.

Five of the thirty-six candidates admitted to their final examination on the 20th and 21st inst. failed to satisfy the Court of Examiners, and were referred for a period of six months' further professional study.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 15th inst.:—

J. S. Clarke, H. Y. Pitts, and A. R. Hopper (Liverpool School); E. E. Edger, W. B. Cornelius, J. G. U. West, W. W. Carr, Charles O'Connor, Washington Epps, T. W. Burwood, R. A. Skinner, and C. F. Groom (University College); John Settle, W. H. Dudley, H. E. Clark, and W. J. Morris (Glasgow School); Edward Yate and Charles Read (St. Bartholomew's); W. K. B. Welsh and Edward Bartlett (St. Mary's); J. A. T. Lang (London Hospital); G. C. Briggs (King's College); A. T. Walker, Francis Hollingshead, and John Young (Birmingham School); Alfred Godrich (St. George's); G. M. Roberts and Thos. Pink (Guy's); Charles Holmes (Manchester School).

Of the 108 candidates admitted to their *viva-voce* examination in Anatomy and Physiology on the 13th, 14th, and 15th inst., 15 failed to acquit themselves to the satisfaction of the Court, and were referred for a period of three months' further anatomical study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 15th:—

Baker, Henry Francis, Andover, Hants.
Browne, Thos. Llewellyn, Great Berkhampstead.
Boulton, G. Sutton, Albrighton, Wolverhampton.
Gillingham, Alfred, Forest-hill, Kent.
Guest, John, Commercial-road East.
Hendley, Thomas Holbein, Charlton.
Lovell, William Day, Croydon.
Mason, William Inglis, Sudbury.
Patton, Edward Kenny, Quebec, Canada.
Rowlands, Daniel George, Carmarthen.
Wearne, Walter, Helston, Cornwall.

The following gentlemen also on the same day passed their first examination:—

John Louis Chambers (London Hospital); James Crocker (Leeds Hospital); Robert Colgate Holman and G. Elisha Knight Thorpe (Guy's).

As Assistants in Compounding and Dispensing Medicines:—

Heslop, John, Edgware-road.
Warrior, Charles, North Allerton, Yorkshire.

COUNTY CORONERS.—A Bill has been prepared and brought into the House of Commons by Mr. Goldney, Mr. T. Chambers, and Mr. Pease, to amend the law relating to the office of county coroner, and for other purposes relating thereto. It proposes to deprive the freeholders of the right of selection in these cases, and to vest the appointment in the Lord Chancellor or principal Secretary of State. The payment by fees is to be abolished, and the salary is to be equivalent to the average receipts from fees during the five years ended on the 31st December last. If, upon the question of remuneration, the Coroners and the Justices of the Peace cannot agree, the matter is to be referred to the Home Secretary. The Bill also proposes that County Judges and Municipal Corporations shall be empowered to grant superannuation allowanecs to coroners who have become incapacitated for the performance of their duties by reason of age or infirmity.

THE QUEEN v. DIPLOCK.—The committee appointed for securing the return of Dr. Hardwicke as Coroner for West Middlesex, have recently issued a circular calling attention to the position in which Dr. Hardwicke is placed in the suit now being carried on in the Court of Queen's Bench, especially by the very expensive and protracted proceedings necessary to the complete sifting of the case. Some twenty-one procedures in all are quoted. Dr. Hardwicke has spent £1400 already, and finds it impossible to carry on his case unless he receives some special assistance. Means ought to be found for finally and at once determining whether Dr. Diplock holds his office after a fair contest, and those who feel strongly upon the question of purity of election should aid Dr. Hardwicke in the present instance.

MISUNDERSTOOD COURTESY.—A very absurd action came before the County Court Judge at Derby, a few days ago. Miss Sophia Taylor was the plaintiff in the case, and Dr. Robert Bennett, of Buxton, Coroner for the High and Low Peak Hundred, was the defendant. The complaint of Miss Taylor was that, being Superintendent at Wye House Lunatic Asylum, Buxton, she was assaulted by the defendant and by him given into custody. The occasion which formed the groundwork of these serious charges was that of an inquest on the body of a female who died in the establishment. Dr. Bennett requested the plaintiff to uncover so much of the body as was necessary for the jury to see, there being sundry bruises and a bedsore. Miss Taylor thought the request indelicate, and declined. Thereupon Dr. Bennett complained that she was obstructing him in the discharge of his duties. The sergeant of the police force told her she would be required at the inquest at the Town Hall, and they went together more or less. This coincidence, or as the judge said, this courtesy, was construed by the spinster into custody, and she became indignant and brought this action, with all sorts of secondary charges of indelicacy, against Dr. Bennett and the sergeant. She entirely failed to get the judge to believe that these officials and the jury had done anything else than their duty, and a verdict was given for the defendant with costs.

MEDICAL JOURNALISM IN GERMANY.—We have received the first number of a Berlin medical paper, called "Centralblatt für die Medicinischen Wissenschaften," to be published weekly. The only original article is one of Dr. Thudichum, touching Lutein and Spectral Observations on yellow Organic Substances. *All the rest is copied from other journals.*

Obituary.

EDWARD A. KEMP WELCH, Esq.

(EXT. L.R.C.P. LOND., L.S.A.)

WE regret to record the death of a member of our profession who, though during his life not actively engaged in medicine, filled an important place in the neighbourhood where he lived. For thirty years Mr. Welch had resided at Downton, in Wilts. He died on the 24th of March. The sphere of medical practice in an agricultural village and district, such as Downton, is very limited, and circumstances were such as to make Mr. Welch independent of his profession. So, besides gratuitous advice to the poor, which he gave largely, and attending a few families in the neighbourhood, he did not practise much. In these circumstances many men would have relinquished themselves to idleness or ease. Mr. Welch's great delight from early life was to further the education of the poor, and in Downton, where there is a very poor and ignorant population, he had ample field for his energies. He established day schools and

Sunday schools. He superintended the latter, and was most liberally assisted in supporting the former by the late and the present Lord Radnor. Besides these, he had evening schools for adults of both sexes. He established a Penny Bank and clothing societies, which are now in a most flourishing state, and have been of great use. The result of Mr. Welch's labours were altogether encouraging, and many were the instances of young persons taken from the poorest agricultural families to fill positions of importance either in social or commercial life. Mr. Welch's politics were liberal, and in religion he was a Dissenter; but his labours and his amiable disposition endeared him to all classes.

DR. WILLIAM SELLER.

EDINBURGH has lost one of her most esteemed citizens, and the profession one of its most accomplished members, by the death of Dr. William Seller. The deceased gentleman graduated at the University of that city in 1821, and for several years acted as medical tutor in preparing undergraduates for their preliminary and final examinations. Those were the days when the thesis, or medical dissertation, with which each graduate was required to inaugurate his assumption of the Doctor's gown, was written and defended in the Roman tongue; and Dr. Seller's accurate and elegant scholarship was often laid under contribution by candidates whose Latin was (in Charles Lever's phrase) "on the peace establishment." Few men possessed a deeper or finer knowledge of the Greek and Latin medical writers, or could clothe with a more classic grace the ideas of modern medicine in the language of Celsus.

In 1836, Dr. Seller became a Fellow of the Royal College of Physicians of Edinburgh; and continued to diversify the labours of his increasing medical practice by researches in sciences cognate to those of his profession, and in the phenomena of lunacy particularly. His papers on that subject, and the able and original part he played on all occasions at the Royal Society and elsewhere, when it formed the theme of discussion, will long be remembered and referred to. He was unusually accomplished in the Materia Medica, even in its applications to veterinary science; and his work written in conjunction with Mr. Henry Stephens, and entitled "The Physiology of the Farm," is esteemed as the standard treatise on the subject. But it was as Morison Lecturer, and as an independent and able inquirer in the obscure domain of mental disorders, that he did most signal service; while his career as that of an upright, honourable, and public-spirited citizen will enhance on general grounds the regret with which, as an ornament to the profession, the loss of him is now deplored.

ROBLEY DUNGLISON, M.D., LL.D.

THE American Correspondent of *The Times* announces the death, at the age of seventy-one, at Philadelphia, of Dr. Robley Dunglison, the author of the well-known "Dictionary of Medical Science." The deceased was born at Keswick, England, in 1798. He was educated and began the practice of medicine in London, but in 1824 emigrated to the United States at the solicitation of ex-President Thomas Jefferson, to accept a Professorship in the University of Virginia. In 1836 he removed to Philadelphia, and accepted a chair in the Jefferson College, one of the leading medical schools in the city,—a post that he filled most acceptably until his retirement from its active duties a few years ago.

DR. JOHN HERIOT.

THIS gentleman, who was one of the survivors of the army of the Peninsula, died recently at Brighton, at the advanced age of eighty-five. He was appointed assistant-surgeon nearly sixty-five years ago, and served in the 61st, 34th, 45th, and 17th regiments of Infantry, and latterly in the Carabineers. He was on the medical staff of Sir John Moore in Sicily; and afterwards served under Wellington, in the Peninsula, from 1809 till the end of the war,—having been present at the battles of Talavera and Salamanca, the siege of Burgos, and the battles of Vittoria, the Pyrenees, Nivelle, and Orthes.

DR. CHRISTOPHER B. EMMOTT.

WE receive with regret the announcement of the death of Dr. Emmott, of Egham, a well-known and highly-respected member of our profession, and the oldest practitioner in the district. He was seized with paralysis, in the street, on Thursday evening, the 18th ult., and died shortly after having been conveyed home.

THE DIRECT REPRESENTATION OF THE MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

WE have been requested to insert the following:—

The accompanying address was intended mainly for distribution among the members of the medical profession, who are necessarily acquainted with the character of the Medical Council. The following explanation of the origin and constitution of that body, and of the result of its working, has been drawn up for the information of members of the Legislature and the general public.

The General Council of Medical Education was established by the Medical Act, which was passed in the year 1858. That Act was to a great extent the result of the long-continued and successful labours of the British Medical Association, aided by the medical press and the support of various members of the Legislature.

The General Council of Medical Education consists of 24 members—viz., a President, 17 chosen by the Universities and Medical Corporations of the United Kingdom, and 6 nominated by the Crown.

Nearly three-fourths of the Council are chosen by the very Colleges and Bodies which it is the duty of the Council to superintend and to report upon to the Privy Council in case of defects in the course of study or examination, and it is certain that their presence in so large a proportion tends to perpetuate the evils of multiple examinations, numerous examining boards, and consequent undue competition for candidates. This argument applies with equal force whether those members be chosen, as at present, by the governing bodies of the Corporations, or, as some desire, by the whole of their members.

At present the President and the 6 members nominated by the Crown form the only counterpoise in the Council to the 17 members chosen by the Corporations and Bodies which are under the supervision of the Council.

The whole of the ordinary funds of the Council are derived from fees paid by the registered medical practitioners of the United Kingdom.

The registered medical practitioners of the United Kingdom, although they thus supply the whole of the direct revenue of the Council, have no voice whatever in the appointment of the members of the Council.

The General Council have now been engaged for ten years in directing medical education, and they have undoubtedly effected some improvements. Notwithstanding these, however, many grave defects are still uncorrected.

Of these defects three are especially to be noticed:—

First. The defective previous education of the medical student.

Second. The character of the course of study and the examinations, which are not sufficiently practical; and

Third. The number of examinations and Examining Boards.

1. The Medical Council have very properly made it a rule that every one shall pass a preliminary examination, or have taken a degree in Arts, before he can become a recognised medical student.

Unfortunately this preliminary examination is in many instances a very imperfect test of the candidate's general knowledge. Thus the College of Surgeons is satisfied with an examination, entrusted by them to the College of Preceptors, which is much less strict than the matriculation examination of the University of London.

The result of this imperfect previous training is thus described by Mr. W. E. Forster in his recent speech on moving the second reading of the Bill on Secondary Education:—"I will now trouble the House with one or two answers which were given in the course of the long inquiry of the Commission. We examined among others, Dr. Gull, who was asked—'What in your opinion is the state of previous education which at present, generally speaking, the candidates for the medical profession obtain?' The answer was—'I should say that it is still in a very defective condition. There is no thoroughness in the teaching. I should say that the men are defective in common writing and spelling. Of course there are numerous exceptions, but it is still a common thing. There seems to be no training of the faculties of men for acquiring knowledge at all.' And Mr. Paget, in answer to a question which was put, said—'I should say that the condition of knowledge in young men coming up for examination in regard to scientific subjects is highly unsatisfactory.'"

2. At present some of the Examining Boards take a candidate for a degree in Medicine or a licence to practise to the bedside of the patient, and require him to examine and describe the case, and give an account of the nature of the malady and its proper treatment. Other Boards, however, do not practise this test, but content themselves with written and oral examinations. The Medical Council have not stepped in to regulate their method of examination, and to require that it shall be clinical or carried on at the bedside of the patient.

The result is that the medical student, whose course of study is necessarily ruled by the character of the examinations, instead, in many instances, of being carefully trained at the bedside of the patients in the hospital, merely "walks the wards," and listlessly saunters past the patients, without making himself really acquainted with their cases.

He, in fact, devotes himself to a verbal as opposed to a practical study of disease, and treats too much to books, lectures, and the grinder.

If the examinations were, of necessity, conducted at the bedside, or clinical, the baneful system of cramming must die out, and the method and course of study must become essentially practical or clinical.

3. The number of Examining Boards in the United Kingdom, included in Schedule A, and capable of conferring medical degrees and licences, amounts to *nineteen*.

It follows that the student, in order to obtain the "double qualification"

in Medicine and in Surgery, is at present frequently preparing for two and occasionally for three examinations at the same time. The studies for one examination clash, to some extent, with those for another, and under this influence, and that of the want of a practical character in many of the examinations, the student, towards the end of his career, when he ought to be making himself more and more familiar with disease at the bedside, frequently deserts the wards to be "crammed by the grinder."

It is extensively felt by the profession that these great evils, which weigh immediately upon the public good, can only be remedied by a direct resort to the Legislature.

The proposed remedies are threefold:—

1. The first remedy is the strengthening the hands of the General Council, so as to enable them to prescribe the standard of studies and examinations with greater independence, and to regulate the Examining Boards with greater authority.

2. The second remedy is, that the Colleges or Corporations shall be required to unite to form one Examining Board, which shall conduct the minimum examination for licencers to practise medicine and surgery, so that instead of several examinations there shall be but one.

3. The third remedy, which embraces the others, is the immediate object of this movement: the direct representation of the medical profession in the General Council of Medical Education.

The various Colleges and Bodies enumerated in Schedule A have been entrusted by the Legislature with the choice of the members of the Council, not to protect their own interests, but with a view to the public good.

It is believed that by the preponderance in the Council of the members so chosen, the public good is to some extent interfered with through the natural bias of those members to study, often unconsciously, the interests of the bodies by whom they were chosen.

The six nominees of the Crown are not sufficient, either in number or in the character of the influences that they derive from the Crown, which is in its nature negative, to control the seventeen members chosen by the Corporations and Universities. What can they do among so many?

If to the Crown nominees were, however, added in the proportion of one in four of the total number, members directly chosen, by means of voting-papers, by the registered medical practitioners of the United Kingdom, it is believed that valuable counterpoise would be afforded to the members chosen by the Corporations.

The value of such representation of the profession in forming a component part of the Medical Council may be thus briefly stated:—

Those representatives would have no interest to serve except that of improving the education and raising the character of their own profession, and so directly promoting the public good.

They would be supported and impelled forward by a large body of men who would not willingly see the continuance of those evils that they so justly desire to have remedied.

They would convey important and immediate information from the body of the profession to those members of the Council chosen by the Corporations or nominated by the Crown.

As a final argument in favour of the direct representation of the medical profession in the General Council, which must tell home to the members of a representative Legislature, the registered medical practitioners of the United Kingdom provide the whole of the ordinary funds of the Medical Council, and have, therefore, a constitutional right to a voice in the deliberations of the Council.

It is the reverse of desirable that the Corporations should cease to send members to the Medical Council. The high reputation of such members and their intimate acquaintance with medical studies and examinations will always render their presence in the Medical Council not only valuable but necessary.

What is desired is, that these members shall be present, not in preponderating, but in justly proportionate numbers, so that they shall form one-half of the Council, and that they shall be equally balanced by the combined numbers of the nominees of the Crown and the direct representatives of the medical profession.

FRANCIS SIBSON, President of the Council of the British Medical Association.
EDWARD WATERS, Chairman and Convener of Committee.
T. WATKIN WILLIAMS, Secretary.

April, 1869.

Medical Appointments.

BELL, W., M.R.C.S.E., has been appointed an Acting Medical Officer to the Wirral Hospital and Dispensary for Sick Children.

BERT, P., M.B., has been appointed Medical Officer for the Grimoldby District of the Louth Union, Lincolnshire, vice W. D. Ditchett, M.R.C.S.E., resigned.

BRAIRWOOD, P. M., M.D., has been appointed an Acting Medical Officer to the Wirral Hospital and Dispensary for Sick Children.

CARMICHAEL, D., L.R.C.P.Ed., has been appointed Medical Officer for the Stannington District of the Castle Ward Union, Northumberland, vice Vardy, resigned.

CHARLETON, G. W., M.D., has been appointed Surgeon to the General Infirmary, Gloucester.

CLAMPITT, R. V., L.R.C.P.Ed., has been appointed House-Surgeon to the Beetle Hospital and Dispensary, Liverpool, vice M. Hill, L.R.C.P.Ed., appointed Physician.

CLARKE, Dr., has been appointed Medical Officer to the Independent Friendly Society, Putney.

COBB, R. M., L.R.C.P.L., has been appointed House-Surgeon to the General Infirmary, Gloucester, vice Charleton, appointed Surgeon.

COOK, J. W., M.D., has been appointed Medical Officer for the Parish of Ardleigh, in the Tendring Union, Essex, vice A. J. J. Chitty, M.R.C.S.E., resigned.

DAVIDSON, G., M.B., has been appointed Medical Officer for the Hanley District of the Huddersfield Union.

DUKE, A., M.D., has been appointed Surgeon to the Dover Hospital, vice J. C. Ottaway, L.R.C.P.Ed., resigned.

FOWLER, D., M.D., has been appointed an Acting Medical Officer to the Wirral Hospital and Dispensary for Sick Children.

FOSTER, Dr. E., has been appointed Fullerian Professor of Physiology at the Royal Institution of Great Britain, vice T. H. Huxley, LL.D. Ed., M.R.C.S.E., resigned.

FOSTER, Mr. F. F., has been appointed Dispenser at the General Hospital, Birmingham, vice Mr. E. Bancks Whitcombe, resigned.

FRASER, A., M.D., has been appointed Physician to the Deaf and Dumb Institute, Aberdeen, vice R. Dyce, M.D., deceased.

GILL, H. C., M.R.C.S.E., L.S.A., Resident Clinical Assistant at the Bethlem Royal Hospital, has been appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, vice Wm. Stanger, M.R.C.S.E., resigned.

HIGGINS, C. H., M.D., has been appointed a Consulting Medical Officer to the Wirral Hospital and Dispensary for Sick Children.

HILL, J. D., F.R.C.S.E., Surgeon to the Royal Free Hospital, has been appointed Assistant-Surgeon to the Royal Orthopædic Hospital, Oxford-street, vice J. Nayler, F.R.C.S.E., resigned.

HILL, M., L.R.C.P.Ed., has been appointed Physician to the Bootle Hospital and Dispensary.

HILL, W. E., M.D., has been appointed Medical Officer for the Bolden District of the Lymington Union.

JOYCE, Mr. J. B., has been appointed Dispenser to the Royal Hants County Hospital, Winchester, vice Mr. C. J. Noble, resigned.

LOUGHER, Dr. E., has been appointed Medical Officer and Public Vaccinator for the South District of the Cardiff Union, vice Edward Hill, M.R.C.S.E., deceased.

M'LEAN, H., M.D., has been appointed Medical Officer for District No. 8 of the Hexham Union, Northumberland, vice Wm. Young, M.D., resigned.

M'MANUS, T. A., M.R.C.S.E., has been appointed Medical Officer for the Middle District of the Patrington Union, Yorkshire.

MANTHORP, M. L., M.R.C.S.E., has been appointed Medical Officer for District No. 9 of the Tendring Union, vice D. L. Manthorp, M.R.C.S.E., resigned.

MAYNE, Dr. R., has been elected Surgeon to the Meath Hospital and County Dublin Infirmary, vice M. H. Collis, M.D., deceased.

NOURSE, W. E. C., F.R.C.S.E., has been appointed Surgeon to the Brighton Hospital for Sick Children, vice T. Moore, F.R.C.S.E., resigned.

OXTON, J., jun., M.R.C.S.E., has been appointed Medical Officer for the Exhall and Keresley District of the Foleshill Union, Warwickshire.

PELLEW, E. B., L.R.C.P.Ed., has been appointed Medical Officer for the Western District of the Haltwhistle Union, Northumberland.

PRITCHARD, Dr., of Buckhurst-hill, has been appointed Medical Officer and Public Vaccinator for the Buckhurst-hill District of the Epping Union, vice E. Horne, M.R.C.S.E., resigned.

RINGWOOD, Dr. J., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Moynalty Dispensary District of the Kells Union, Co. Meath, vice R. J. Halton, L.R.C.P.Ed., resigned.

STEVENSON, J. F., M.D., has been appointed a Consulting Medical Officer to the Wirral Hospital and Dispensary for Sick Children.

WIGHT, G., M.B., C.M.Ed., has been appointed Surgeon to the Y Division of Police, vice T. H. Mitchell, M.R.C.S., deceased.

WILLIAMS, Dr. W., has been appointed Surgeon to the Ancient Order of Foresters, Bangor, vice H. Ellis, M.R.C.S.E., deceased.

YOUNG, W., M.D., has been appointed Surgeon to the Dispensary, Malton, Yorkshire, and Medical Officer and Public Vaccinator for the Norton District of the Malton Union, vice W. Barker, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ENGLAND.—On the 18th inst., the wife of Dr. England, of Winchester, of a son.

EVERETT.—On the 12th inst., at Upper Rock-gardens, Brighton, the wife of the late Bly Everett, Esq., of Ditchling, of a daughter.

JESSOP.—On the 20th inst., at Park-square, Leeds, the wife of T. B. Jessop, F.R.C.S., of a daughter.

LINDSAY.—On the 12th inst., at Lesmahagow, Lanarkshire, the wife of J. Lindsay, M.D., of a son.

MISKIN.—On the 18th inst., at York-road, Lambeth, the wife of Dr. G. A. Miskin, of a son.

STRANGE.—On the 17th inst., at Belsize-avenue, Belsize-park, the wife of W. Heath Strange, M.D., of a son.

SYKES.—On the 17th inst., at Queen's-road, Dalston, the wife of Dr. Sykes, Surgeon, Queen's Own Light Infantry Militia, of a daughter.

MARRIAGES.

HOLDEN—NAYLOR.—On the 21st inst., at St. Thomas's, Preston, John Holden, M.R.C.S., to Alice Abbey, second daughter of the late James Naylor, Gentleman, J.P., of Springfield, Preston.

JORDISON—CLEGHORN.—On the 13th inst., at St. Saviour's, Paddington, Christopher, third son of R. B. Jordison, Esq., Surgeon of South Ockendon, Essex, to Kate, only child of the late John Joseph Cleghorn, Esq.—No Cards.

RICE—ADDISON.—On the 17th inst., at Southam, Warwickshire, David Rice, M.R.C.S.E., L.S.A., to Mary Ann, younger daughter of the late John Addison, Esq., of Little Staughton, Beds.

RICHARDSON—WARDLE.—On the 14th inst., at the Parish Church, Leeds, William Edmund Richardson, Esq., Surgeon, of Rochdale, to Clara, daughter of Charles W. Wardle, Esq., of Whitkirk, near Leeds.

DEATHS.

HEYS.—On the 13th inst., at Stockton-on-Tees, John Heys, M.R.C.S.E., of Liverpool, aged 37.

MILNE.—On the 14th inst., David Milne, L.F.P. & S. Glas., of Low Willington, Durham.

ORR.—On the 12th inst., at Belsize-road, St. John's-wood, William Orr, formerly Surgeon R.N.

SUTTON.—On the 11th inst., at Balham-hill, S., Ursula Nisbet, the wife of Field Flowers Sutton, M.D.

TAYLOR.—On the 8th inst., Frederick Stubbings Taylor, M.R.C.S.E., of Greenwich, Kent.

Medical Diary of the Week.

Monday, April 26.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Prof. Bennett, of Edinburgh, "On Pneumonia."—Mr. Jabez Hogg, "On Cataract and its Treatment."

Tuesday, April 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Stellar Astronomy."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. Wm. Blackmore: "Notes on some of the principal Tribes of the Indians of the United States, with a brief account of the late Indian War." — Mr. E. T. Stevens: "Some Characteristics of the Stone Implements and Objects found in the Mounds of Ohio."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Thomas Smith, "On Nephrotomy for Renal Calculus." — Mr. Spencer Wells's "Third Series of 100 Cases of Ovariotomy."

Wednesday, April 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Beigel, "On Chorea."

Thursday, April 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, April 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Mr. R. H. Scott, "On the Work of the Meteorological Office Past and Present."

Saturday, May 1.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. Annual Meeting.

Notes, Short Comments, and Answers to Correspondents.

THE MEDICAL OFFICER OF THE MILITARY PRISON, DUBLIN.

SOME time ago a correspondent ("T. C. D.") addressed a communication to us regarding what he deemed the unjust enjoyment by a medical officer of exceptional privileges, in having for a number of years held a home appointment. Mr. Kirk, M.P., who seems determined that military medical matters shall receive the ventilation they require, has given notice that when the House goes into Committee of Supply on the Army Estimates, vote 6, he will ask the Secretary of State for War, "Why no allowance appears for the medical officer of the Military Prison at Dublin, the duties appearing to be performed by any officer of the medical staff? Whether Surgeon-Major Tufnell, the medical officer performing these duties, has not completed nearly twenty-seven years' military medical service, nearly all in Dublin, on the full pay of his rank? Is he not the only medical officer on full pay in charge of a medical prison? Does he not hold civil appointments in Dublin; and is he not also extensively engaged in private practice in that city? Is there any reason affecting the interests of the service rendering it desirable that he should continue to enjoy such exceptional privileges? And does his retention on full pay in charge of a military prison stop promotion among other medical men, and the employment of a half-pay medical officer in the prison at Dublin?"

W. F.—Our correspondent's charge is not an unreasonable one; but much depends on details, which he does not give us, of his kind of practice, of the relation of those who have to pay with the patient, of the time occupied, &c. &c. There is no fixed rule for general practitioners in such cases.

WE are obliged for the copies of *Mr. G. A. Rowell's* letters on the Drainage of Oxford, to which we may refer on some future occasion.

FRAUDULENT DEATH REGISTRATION.

WE have received a copy of the *Salford Weekly Chronicle*, containing an article upon the registration fraud lately discovered at Salford, and upon which we commented when the circumstance occurred. The writer is evidently not well posted-up in the law of registration, as the following sentences taken from the article to which we refer clearly prove. He says:

"As some guarantee for the accuracy of the entries, the State instructs its servants to require *in every case* the production of a certificate signed by a duly qualified medical practitioner, setting forth the cause of death. But it is evident that all registrars do not insist upon the fulfilment of this condition; and, therefore, we presume that the Registrar-General has neglected to take the very simple precaution of having the certificates filed, and the entries of the district registrars periodically checked by them."

We should have thought it was well known that the medical certificate of the cause of death is not compulsory unless the medical attendant be the actual informant of the death to the registrar. Numbers of deaths are registered every year without medical certificates, from the simple fact that the persons dying have not called in any medical attendant. The assumption, moreover, of collusion between duly qualified medical men and persons not so qualified, in regard to death certificates, may be true of an isolated case here and there occurring; but there is no reason whatever for supposing that it obtains in any degree as a practice. Our system of death registration is, no doubt, capable of improvement; but fraud plays a very insignificant part in the causes of existing defects.

An Old Subscriber does not give us the facts of the case, by which we might judge of the hardship of which he complains. Registration is only insisted on as evidence of qualification.

Sigma.—Apply to any medical bookseller. Mr. Lewis, of Gower-street, for example, will furnish our correspondent with the information and the book in question.

Mr. William Spooner's interesting communication shall appear next week.

GENERAL PRACTITIONERS AND THE M.D. DEGREE.

To the Editor of THE LANCET.

SIR,—I hope you will allow me a short space to state what seems objectionable in the proposal to increase the number of M.D.s, without residence, in your issue of the 17th inst. Since the Scotch University Commissioners have made it compulsory to spend two years at some University before proceeding to the degree of M.B. and afterwards that of M.D., it is generally admitted that a better educated and more highly trained class of students than formerly have come forward to compete for these degrees. This fact, while of material interest to the general public, and also to the different Universities, is at the same time a strong objection against relaxing in any one point the regulations regarding them. There never has been any fair claim established why the degree of M.D. should be more easily obtained by the general practitioner, and hence there can be no hardship to complain of, seeing that an amount of trouble and perseverance, which I know some members of the College and Hall have lately successfully borne, brings it within the reach of nearly every one interested. I am at a loss to understand why St. Andrews should be pitched upon as the door by which all the distinguished men should enter, seeing that its regulations are framed more or less in common with the other Universities. Surely the "flood gates" were there lately opened wide and long enough to enable all worthy aspirants to enter by the easiest and quickest route, and a new batch can scarcely have had time to feel the want. I am deeply sensible that many who are ornaments in our profession are graduates of St. Andrews University, and I should be sorry indeed if there was any real obstacle to "those who would bear the honours with becoming dignity, and raise it in public estimation," obtaining the degree of M.D.

But, again, if young men are tempted to work hard and fight for what is considered an honourable position as a graduate of a University, and afterwards find that "altered circumstances" or the desire to "subserve some laudable object" give to others an equal claim to the honour, but without much of either the toil or trouble, then I think they have just reason to complain.

Possibly some will think this only springs from selfish motives, or a desire to debar others from enjoying what little honour may be attached to a degree; but it is just the feeling that I should like to see the M.D. enjoyed by a greater number of really worthy and able individuals that would lead me to ask, why all the Universities should not be empowered to confer the honorary degree upon those who have proved themselves worthy of it. There would be no difficulty in having their claims brought forward, and any University would feel, by conferring such a degree, that it would doubly enhance the prize bestowed, and at the same time add another honourable name to her list of graduates.

Yours truly,
April, 1869. M.B.

*** Our correspondent contradicts himself. He commences his letter by asserting that there never has been any fair claim established why the M.D. should be more easily obtained by the general practitioner, and concludes by asking why all the Universities should not be empowered to confer honorary degrees upon those who have proved themselves worthy of it? What we implied in the article to which he refers, and which he must have read somewhat carelessly, was this, that there was no reason why a general practitioner, after being in practice some years, should not be able to obtain the M.D., provided he could show by a stringent examination that he was entitled to it. An examination such as we should countenance would effectually prevent anyone from possessing it who would not be likely to maintain the dignity of the degree. We made special reference to the St. Andrews University, for the simple reason that its graduates are moving in the matter; but we distinctly stated that it might be open to any University to consider whether it would, after certain severe tests, confer the M.D. upon men who had been in active practice. We entirely object to the suggestion that Universities might confer honorary degrees wholesale. That would be the most effective way of lowering the M.D. in the estimation of the public and the profession.

THE SALE OF POISONS.

THE case of suicide from taking morphia pills wholesale, which occurred last week at the Tavistock Hotel, opens up incidentally the question of the influence which the Pharmacy Act exercises in preventing persons from destroying themselves. The promoters of the Act, among other things, desired to afford facilities for tracing the buyer of any poison that might be used criminally. The present mode of registering poisons on sale by chemists, whilst it effects this object, at the same time throws a difficulty in the way of those who are unknown to the pharmaceutist in their attempts to obtain poisons, and impresses upon the public generally the dangerous nature of certain compounds which are sold to them. Indirectly, therefore, the attempts of those who wish to commit suicide by poison, and who are strangers to the chemist who sells the desired poison, are to some extent restrained. With regard to medical men who supply medicines, the case is different, as they are not controlled by the Act in question; and the only safeguard against the perpetration of suicide by means of poisons obtained from them is to be found in the exercise of common sense on the part of the practitioner in the mode in which he allows his drugs to get into the hands of the public. Much may be done by him to prevent evil consequences on the part of those who meditate self-destruction. The case to which we have already referred will illustrate this point. A man presented himself to a surgeon with an open surgery in King-street, Covent-garden, and asked for some Lancashire black drop, which contains opium. This he could not get; but at length had four dozen pills, containing half a grain of morphia in each, made up, on the pretext that he was compelled to take opium for an injury to the leg, and was going abroad. We cannot avoid saying that this is a very loose mode of procedure. An examination of the leg, so as to satisfy the surgeon as to the probable truth of the statement, would in all likelihood have created a suspicion of ill-intent on the part of the suicide. If a man were going to Siberia or the Great Sahara, we can understand the necessity, under certain circumstances, of supplying him with morphia wholesale, but not when he is able with the shortest possible delay to get at a chemist or consult a physician.

A. B. C.—Send the necessary alterations to Messrs. Churchill, addressed to the Editors of the Medical Directory, and the desired corrections will doubtless be made in the next issue of the Directory.

Student.—1. Yes.—2. It is doubtful.

Dr. J. B. Scriven, (Lahore.)—The details of the case were so fully reported in the Indian journals that we did not think it desirable to republish them.

THE EARTH-CLOSET SYSTEM.

To the Editor of THE LANCET.

SIR,—We are much astonished to observe a letter in last week's LANCET from Dr. Reed, making certain statements in regard to the earth system at Wimbledon camp last year, which are so completely at variance with actual facts that we, as Engineers to Moule's Company, feel bound to ask the insertion of this, our counter-statement.

Dr. Reed's description of the manner in which the closets were erected is sufficiently correct. He then says "that when we first began to use the closets they seemed to act very well; but in a few days the urine began to saturate the walls of the cesspit." Now this was not the case, nor could such a thing possibly have happened, the walls of the pits being eighteen inches from the centre of the holes in the seats, and the urine conducted away from the walls by an iron shoot, almost into the centre of the pit. Again, Dr. Reed says, "the dry earth as it fell into the pit soon became also saturated with urine, and looked like mud, so that the pits began to fill with excreta, mud, and urine." This is simply untrue, because the supply of earth was amply sufficient to more than absorb all the urine and to cover the excreta—in fact, instead of the earth looking like mud, it was actually dusty on the surface. As to the supply of earth, the working of the apparatus, and the attendance, we, having had the entire charge, are able to contradict the whole of Dr. Reed's statement. The supply of earth was unlimited, and the boxes were constantly kept filled by eight attendants, who never left the place.

With regard to the remainder of Dr. Reed's letter, we cannot do better than refer you to the report of the medical superintendent of the camp, an extract from which we beg to subjoin:—

"The excessive heat of the weather prevailing during the meeting has necessarily predisposed to a very considerable amount of sickness, upwards of ninety applications for assistance having been made on the 23rd instant, some being very severe cases of spasmodic diarrhœa, and others from the result of prolonged exposure to the sun at the firing points.

"The sanitary arrangements of the whole camp have been perfect; and, from comparison with previous years, I feel bound to express my cordial approval of Moule's system of earth-closets, the merits of which have been severely tested. (Signed)

"JOHN WYATT,

"Surgeon-Major, and Surgeon to the National Rifle Association."

One word with reference to the meeting of 1867, when the closets seem to have met Dr. Reed's approbation. They were erected in exactly the same manner as those at Wimbledon in 1868, in one block, with a similar description of machine, and a like quantity of earth. They were used by at least 200 persons daily, and were erected exactly on the same spot as one of the blocks of 1868. We remain your obedient servants,

Norfolk-street, Strand, April, 1869. H. I. AND J. W. GIRDLESTONE.

INDIAN MEDICAL SERVICE.

Q. and other correspondents will perceive that the ruling of the late Governor-General in respect of the new furlough regulations has not escaped our notice. With regard to the other matters, we have already referred to them, and shall take an early opportunity of doing so again. In the meantime, could not the various causes of complaint be brought to the notice of the present Governor-General, who is said to be painstaking and impartial?

A Student (University College) is thanked for the information.

SANITARY STATE OF FORTON, NEAR GOSPORT.

WE understand that a Board, composed of officers of the Royal Marine Light Infantry, has been engaged for some days in minutely inspecting the different streets in Forton, near Gosport, adjacent to the barracks. Many of the houses are occupied by families of the non-commissioned officer, and privates of that corps. The Report of the Sanitary Board has not yet been presented; but we believe there is scarcely any attempt at drainage, and the consequent amount of fever in the locality is large. Some time since an attempt was made to introduce the Health of Towns Act, but failed from the opposition of the small tenement holders. It is to be hoped, however, that an appeal to the Secretary of State may be instrumental in remedying the present very unsatisfactory sanitary condition of the place. The Report of Dr. Egles, R.M., who has seen many cases of fever, will, doubtless, show the necessity of thorough drainage being efficiently carried out.

Kleptomania.—We have not seen the book in question. No doubt a morbid desire to steal is occasionally exhibited by persons of otherwise correct and moral habits; but a great deal of nonsense and exaggeration has been promulgated on the subject. If any individual belonging to the upper or middle classes commits a theft, he is said to be the victim of kleptomania, and he obtains pity or a shrug of surprise from his friends. If a "low fellow" commits the same act, it is termed larceny, and he gets imprisonment for his pains.

Dr. George F. Elliott, (Hull.)—Declined.

Mr. W. H. Medd.—The Senate of the University of London expressly direct that Bachelors of Medicine have no right, as such, to the use of the title of "Doctor." A M.B. may hold the post of surgeon to an infirmary, or practise as a general practitioner, without any exception being taken thereto. As to the practice of pharmacy, it is desirable that those who hold the M.B. Lond. should not follow it.

Dr. Black (Glasgow) shall receive a private note.

THE continuation of *Dr. Peter Allen's* paper shall appear in our next impression.

STOCKMANN'S HOSPITAL MARQUÉE.

To the Editor of THE LANCET.

SIR,—Would you allow me to rectify two important errors which occur in your report of last week on the small model of my Prussian Camp and Sick Tent, on view at Mr. G. Van Abbott's, Princes-street, Cavendish-square.

1st. Its weight, all appurtenances included, is not one ton, but only half a ton, say ten cwt.; and

2nd. Its frame of iron tubes folds up, and can be fastened tightly by wire through holes left in the tubes for this purpose, averting in this way the risk of losing a single piece.

I have superintended personally during the Bohemian campaign the pitching of about 150 of my new tents, the erection of each tent occupying about fifteen minutes, and I have trained more than 3000 soldiers to enable them to erect a tent in the same short space of time.

The new tents have all returned to Prussia complete, and were found so superior to the old hospital tents of the Prussian army, that none of these latter were used any more in the said campaign; nor have they been in use at home in Prussia, so far as they could be superseded by the use of my new tents. I have not heard of any single one of these latter tents having become out of order during this hurried campaign.

The new tent is superior to all other tent constructions, in affording more complete shelter, in its more perfect ventilation, and its greater solidity, which the severest storms in the mountainous regions of Bohemia and Moravia were unable in any degree to diminish.

The large English hospitals, if possessing such new tents as appendages, according to your very judicious suggestion, would hereafter avoid the possibility of hospital gangrene ever poisoning again their wards, as by means of simple stoves, the addition of a flooring of wooden planks, and by the contrivance of double side walls of mackintosh, the tent might be heated, and kept constantly to any temperature required, even during the coldest and most ungenial weather in winter, and all this at a very small cost—say, including the stoves, floor, and double side wall, of not one-hundredth part of the cost of the palatial hospitals now existing.

Your obedient servant,

April, 1869. PAUL STOCKMANN, Inventor and Patentee.

Y. B. Y.—We referred to the well-known instances in which degrees had been obtained by purchase from "foreign sources," and which have been made the subject of repeated comment in our pages. Our correspondent has probably seen, but forgotten, the advertisements which have appeared, offering for sale foreign diplomas.

Mr. Alfred Deconald, (Aberdeen.)—The correspondence shall receive attention.

INFANT MORTALITY.

WE are asked by the Secretaries of the Obstetrical Society of London to request those gentlemen who received from them last year a circular of questions on the subject of infant mortality, to be good enough to return the replies at their earliest convenience, as the Committee appointed by the Council of the Society are about to draw up their Report for transmission to the Registrar-General.

M.D., (Bolton.)—To judge from the accounts of two inquests which appeared in the *Bolton Chronicle*, it would seem that the inquiries have not done much to elucidate the cause of death. Why was not a post-mortem examination instituted in each case?

Dr. Cory.—We imagine our correspondent's only remedy is to sue the father of the child.

Dr. Clifford Allbutt, (Leeds.)—Next week.

J. D. F. is not compelled "to render assistance in case of extreme necessity," unless he hold an official appointment which gives him medical charge over the sick.

Subscriber, X.—Surgeons of militia, Yes; of volunteers, No.

PROFESSIONAL ETIQUETTE.

T.—Our correspondent seems to us to have erred in not accepting the statement of Mr. A., that he was informed that the patient would not have a doctor; that he would not see Dr. T. There will be no end to controversy and ill-feeling if medical men are not to believe each other, but third parties in preference. We confess we do not see how Mr. A. could continue a correspondence in which what he said was not believed. Perhaps he should have shown more anxiety about Dr. T.'s position in the case, and for not doing so let him be blamed; but do let us believe one another when we make explicit statements.

Alpha.—We cannot give private answers. Let our correspondent consult a respectable medical man in his neighbourhood, who will give him the required information.

Mr. James D. Grant writes to request us "to remit to him the sum of £50, and he will give a complete antidote for the poison of the cobra, with the understanding that when the antidote is fully tested he shall receive £150 more." This is not our interpretation of the offer made by the Maharajah of Travancore. Moreover, Mr. James D. Grant's remedy for snake-bite must be simply *priceless*.

An Anti-Malthusian.—Elements of Social Science, published by Truelove, 256, High Holborn, price 2s. 6d.

Mr. H. G. B. Harris.—The charges are reasonable.

THE FEVER-STRICKEN POOR OF ST. GEORGE'S DISTRICT.

To the Editor of THE LANCET.

SIR,—In an annotation on the "Condition of Fever-stricken Families in St. George's District," in your last number, Dr. Babbage, medical officer to the district, is said to have reported to the guardians, at their meeting, that the father and two children of a family named Burgins, suffering from fever, could not be admitted into the Fever Hospital for "want of room," and were therefore left at home "on the bed, or rather in the rags," in which the mother had previously lain, to the great discomfort of the patients themselves, and danger of the community.

The facts regarding the admission of this family are as follow:—Matilda (the mother) was admitted to the hospital March 13th; John and Caroline, April 3rd; John (the father), Emma, and George, April 8th.

Dr. Babbage must have been under a misapprehension when he made the statement above referred to, as since the beginning of this year there have always been a number of spare beds, and at no time in the history of the Fever Hospital has a case of contagious fever been refused admission.

Your obedient servant,
J. BOSTWICK BARBOUR,
London Fever Hospital, April 21st, 1869. Resident Medical Officer.

Menai Bridge.—The version of our remarks on the correspondence in the *North Wales Chronicle*, given in the paragraph sent us from that paper, is certainly a garbled one. Dr. Williams explains to us that he did not intend his complaint for publication; that he never dreamt the Editor would publish it. Other correspondents write us that they are not the Dr. Williams alluded to. There will be no misunderstanding, as there is only one Dr. Williams in the place.

A New Subscriber.—1 and 2. The Acts referred to may be obtained for a few pence at Hansard's Parliamentary Paper Office, Long-acre.—3. Dr. Sansom, 32 A, George-street, Hanover-square. The fee is one guinea for country members.

ANATOMICAL MUSEUMS.

IN a very spirited article, the *Echo* asks if it is really unavoidable that in two of the most crowded London streets—streets daily traversed by myriads of well-intentioned and sober-minded men—there should be those traps for the curious and foolish which call themselves Anatomical Museums. After describing their contents "as calculated to harrow up the imaginations of the ignorant with visions of unutterable horror," our contemporary says the time has come for legislative interference, and concludes thus:—

"We call on Parliament, we call on every social reformer, we call on every large-hearted philanthropist, to use their best endeavours to suppress the haunts which, under the pretence of furnishing amusement, are gradually draining away the lives and hopelessly sapping the morals of those who, often beginning in venial ignorance, so often end in irredeemable degradation."

M.D., M.R.C.P., F.R.C.S. (Exam.)—We referred, not to the obtaining of the M.D. degree from "a foreign University," but from "a foreign source" by purchase. The University of London would not feel disposed to institute what many of our correspondents advocate—an examination for the M.D. for men in active practice.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I read occasionally in THE LANCET letters from medical men, exposing the shabbiness of the Sun Life Assurance Office. It seems by the remarks you made in your impression of April 3rd, in reference to the letter of Dr. Day, that that Office is still guilty of trying to get everything for nothing. Some years since I received one of its usual circulars for a patient of mine. There were above twenty queries of a most inquisitorial character, not only as to his real disease, if he had any, but what I thought might hereafter occur. Had I answered all these questions, if able, I must have made an enemy of the man for life. I begged, firstly, to ask if I should receive a fee for answering questions so numerous and so important to the Office, and I received the usual answer, No. I then wrote, declining to pay any attention to their request, adding that "I perceived the Sun was not above shining with a borrowed light." The Sun has been eclipsed to me ever since. I remain, Sir, your obedient servant,

Wilton-place, April 17th, 1869. JOHN C. HUNTER.

AUSTRALIA AND PHTHISIS.

M. E.—The Australian climate is considered very good for those inclined to tubercular disease. Moreton Bay or Adelaide are the most suitable places for patients with chronic bronchitis or tubercular disease.

Anglicanus, (St. Helena.)—Two years, we believe; but the Senatus Academicus might be induced perhaps to shorten this period if a special appeal were made to them. Our correspondent should communicate at once with the Registrar, and request special consideration of his case by the University authorities.

Indignant.—The Coroner ought, we think, to have given intimation to the medical attendant, and obtained his evidence at the inquest.

One Interested.—1. Lotteries are illegal. We cannot insert the notice.—2. By private contract.

Dr. Prosser, (Birmingham.)—Many thanks.

Beta.—The Council has not considered the subject in the light of the Ontario Medical Act. It would be willing to register, not "enregister," colonial degrees, subject to its own approval of the curricula required for obtaining them.

Captain Drake's communication arrived too late for consideration in the present number.

A. B.—The statement was quite correct.

VACCINATION.

To the Editor of THE LANCET.

SIR,—On March 30th my wife was delivered of a daughter, the announcement of which event appeared in *The Times*. A few days ago she received the enclosed pamphlet, which I venture to send to you in case you may not be aware that a systematic crusade is being carried on against one of the greatest blessings of our age.—Your obedient servant,

Norwich, April 13th, 1869. R. E. GIBSON, Surgeon.

*** The pamphlet in question is by a Dr. Collins, and is headed "Vaccination no Protection against Small-pox." The Reports of the medical officers of the Small-pox Hospital are a sufficient answer to these so-called popular essays. We regret that a member of our profession should appear as its author, and that it should bear the name of a respectable medical publisher.

ERRATA.—The name of Mr. Whitmell was by mistake printed "Whitwell" in our announcement last week of that gentleman having been elected to the Scholarship of Natural Science at Trinity College, Cambridge.—Also, the name of Henry Waldo, of the Bristol School, was accidentally omitted from our list of gentlemen who passed the Primary Examinations at the College of Surgeons on the 13th inst.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Brodhurst; Dr. Thorowgood; Dr. B. W. Richardson; Dr. Grailly Hewitt; Mr. Poole; Prof. Halford, Melbourne; Dr. Bushnan; Dr. Allbutt, Leeds; Dr. Eady, Chertsey; Mr. Fane; Dr. Spooner; Mr. L. Tait; Mr. Waldo; Mr. Reeve; Mr. Hart, Putney; Mr. Carter; Dr. Edward Waters, Chester; Dr. Rogers; Dr. Black; Dr. Painter; Mr. Davy; Mr. Fraser; Mr. Allison; Dr. Gervis; Mr. Shirley; Mr. De Wolf; Dr. Sutton, Balham Hill; Dr. Clarke, Putney; Dr. Bower, Stafford; Mr. Rhodes, Darlington; Mr. Holman; Mr. Harvey; Mr. Littleton, Saltash; Mr. Carrey; Mr. Wilkinson; Mr. Seaham, Bath; Dr. Miller; Mr. Duncan; Mr. Anderson; Dr. Murray; Mr. Muggeridge; Mr. Paul Stockmann; Dr. Wadd, Beaconsfield; Mr. Bradbury, Salford; Dr. Vivian; Mr. Evans; Mr. Medd, Stockport; Mr. Jordison, Malfras; Mr. Jones, Cardiff; Mr. Thomas; Mr. Theobald; Mr. Tuson; Mr. Miller, Thurso; Mr. Watkins, Worcester; Mr. Clarke, Elkington; Mr. Devonald, Cwmaman; Dr. Wight; Mr. Renuals, Bristol; Mr. Layard; Mr. Walker; Mr. Jessop, Leeds; Mr. Morrison, Dieppe; Mr. Booth; Mr. G. Mathey, Welford; Mr. Parsons; Mr. Prosser, Birmingham; Dr. Wallace, Colchester; Dr. Killett; Dr. Barbour; Dr. Blandford, Lewes; Mr. Challenor; Mr. Force; Dr. Eadon, Sheffield; Dr. Hall, Swadlincote; Dr. Phillips; Dr. Etches; Dr. Manisty, Gresford; Mr. Buce; Mr. Irving; Dr. Barrow; Mr. Smedley; Dr. Allen; Dr. Taylor; Dr. Gill; Mr. Hunter; Mr. Fearn; Dr. Allison, Bridlington; Messrs. Girdlestone and Co.; Dr. Rose, Kidderminster; Mr. Taylor, Sheffield; Mr. Miles; Mr. Caxton; Mr. Cameron; Dr. Wilson, Drumlish; Dr. Davies; Mr. Meadows; Mr. Walcot, Birmingham; Mr. Brown; Mr. Weir; Mr. Dyer, Presteign; Mr. Grant, Glasgow; Messrs. Coates & Co.; Dr. Scriven, Lahore; Mr. Hyslop, Church Stretton; Dr. Williams, Bangor; Mr. Hill; Mr. Thorpe, Castle Carey; Mr. Gregory; Mr. Eddowes; Dr. Jones, Aberayron; Messrs. Bull and Co.; Mr. Parrott; Dr. M'Gee, Belfast; Mr. Howard; Mr. Firth; Mr. Law; Messrs. Smith; Mr. Wall; Dr. Philipson, Newcastle; Dr. Crane, Leicester; Mr. Whitmell, Cambridge; Mr. Rice, Southam; Mr. Fox, Hulme; Dr. Munro, Banbury; Mr. Hughes; Mr. Williams, Talgarth; Mr. Orton, Foleshill; Mr. Bebe; Dr. Jackson, Great Usworth; Mr. Cullingworth; Mr. Everett; Dr. Elliott, Hull; Mr. Becke, Northampton; Dr. Mackaye; Mr. Woorford; Mr. Bilney; Mr. Perkins; Messrs. Argles and Co., Maidstone; Mr. Whitby; Dr. Cory; Mr. Brazier; Mr. Harris; Dr. Higginson; Mr. Richard; Mr. Thorpe; Capt. Drake, Gravesend; &c. &c.

Brighton Guardian, Nottingham Journal, Parochial Critic, Essex Standard, Brighton Gazette, American Journal of Obstetrics, Richmond and Ripon Chronicle, Albion, Brighton Observer, Times of India, Supplement to the Sunderland Herald, Brixton Advertiser, Lincolnshire Chronicle, Brighton Herald, Whitstable Times, Brighton Times, Ulverstone Advertiser, Brighton Observer, Chemists and Druggists' Advocate, Brighton Examiner, and *Cambria Daily Leader* have been received.